

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type: _____

OUTPATIENT DISCHARGE Order from PACU/ENDOSCOPY

Version 11 12/30/2011

Use for patients who have received sedation and/or anesthesia.

Discharge when all of the following criteria are met.

- A. Discharge with a **responsible person** (someone who can receive and understand instructions), stay with the patient and call for assistance as instructed.
 - 1. Patient is easily awakened by normal or softly spoken verbal commands.
 - 2. Patient is oriented when awake as appropriate for age.
 - 3. Vital signs are stable and within pre-anesthesia/ levels.
 - 4. There is no significant risk of losing protective reflexes.
 - 5. Patient is able to maintain pre-procedure mobility **with minimal assistance** as appropriate for the procedure.
 - 6. Minimal nausea and/or dizziness.

- B. For all adult patients to be discharged without a responsible person. Satisfactory transportation arrangements must be indicated by the patient that do not require the patient to operate a motor vehicle, i.e., cab, bus, friend.
 - 1. Patient **remains awake** without stimulus for 30 minutes.
 - 2. Patient oriented as appropriate for age.
 - 3. All vital signs are stable and within pre-anesthesia/ levels.
 - 4. There is no **significant** risk of losing protective reflexes.
 - 5. Patient is able to maintain pre-procedure mobility **without assistance**.
 - 6. No nausea and/or dizziness.

Provider Signature: _____ Date: _____ Time: _____