Osler Standard Order Set

WEIGHT: kg  HEIGHT: cm

ESTIMATED DATE OF DISCHARGE:

ALLERGIES:  NO KNOWN ALLERGIES

Chronic Obstructive Pulmonary Disease (COPD) Discharge Order Set

☐ Discharge Today OR
☐ Discharge Date____________________________
  ☑ Discharge patient on this date unless there is a change in clinical status
  ☑ Discharge patient on this date after being assessed and cleared for discharge by MRP
  ☑ Notify patient/family and/or receiving Facility of planned discharge date
  ☑ Fax MAR to Nsg/Retirement Home

***Physician to ensure Medication Reconciliation is completed at Discharge***

Consults:
☒ Telehomecare  Reason: All patients with AECOPD will be contacted by telehomecare nurse within 48 hours post discharge. ☑
☒ Discharge planner  Reason: Complete LACE Index on discharge for risk stratification ☑
☒ CW-LHIN  Reason: Referral to Rapid Response Nurse on discharge for home visit for Patients with LACE score greater than 13, will receive home visit within 24-48 hours post discharge. ☑

☐ Social Worker  Reason: If under 65 years of age ensure patient able to afford medication ☑
☐ Respiratory Therapy  Reason: Home O2 assessment

Discharge Instruction

☒ Ensure IV is removed prior to or day of discharge if not already done
☒ Foley catheter are removed prior to the of day of discharge if not already done
☒ Ensure applicable COPD information brochures and "Discharge Instructions For Patient" provided to patient
☒ Verify patient familiar with all inhaled medication devices/puffers and assess technique prior to discharge ☑
☒ Notify MRP prior to discharge if any change in clinical status

Outpatient Follow Up

☒ Book follow up appointment with Family Physician within 1 week of discharge
☒ Book follow up appointment with patient’s outpatient Respirologist, Dr. ____________________________
  within 1 – 2 weeks of discharge
☒ Refer to Westpark Outpatient Pulmonary Rehabilitation Program (EGH Only) ☑
☒ Book follow up appointments as indicated below with the following specialists/clinics:
  1) _______________ re: _______________ in ___ wks
  2) _______________ re: _______________ in ___ wks

If patient does not have a Respiriologist:
☐ Refer to COPD Urgent Outpatient Clinic to be seen within 1 week of discharge. (BCH only)
  MRP to fax referral form to: 905-494-6215
☐ Refer to Respiriologist, Dr. _____________________________. (EGH only)
  MRP to fax referral and request patient be seen within 1-2 weeks

Page 1 of 2

Prescriber Signature and Mnemonic

Date/Time

Transcribed By

Date/Time

Checked By

Date/Time

Form #: 10 100 422 V.1.0

20 November 2017

Rx Code #: NoRxCode

01*ORDER

02*10 100 422

03* of 2
## Chronic Obstructive Pulmonary Disease (COPD) Discharge Order Set

### Discharge Communication

Discharge patient with copy of the following from this admission to bring to clinic/specialist’s office:

- [ ] Consult notes Specify __________________________
- [ ] DI results Specify __________________________
- [ ] Laboratory results Specify __________________________
- [ ] Microbiology results Specify __________________________
- [ ] Discharge summary
- [ ] Discharge prescription
- [ ] Discharge medication summary

- [x] Ensure completed individualized care plan and medication reconciliation discharge summary provided to: **[ ]**
  - Family Health Team or Primary Care Provider (by fax)
  - Respirologist
  - CW LHIN
  - Nursing or Retirement Home

- [x] Where appropriate ensure completed discharge prescription and medication reconciliation discharge summary faxed to patient’s Pharmacy of choice **[ ]**

- [x] Give patient “Discharge Instructions for Patients with COPD” (Refer to Associated Document)

### Additional Orders:

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**Prescriber Signature and Mnemonic**

**Date/Time**

**Transcribed By**

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**Form #: 10 100 422 V.1.0**

**20 November 2017**

**Rx Code #: NoRxCode**
Discharge Instructions For Patients With COPD

Review all of the information handouts again when you arrive home. They contain important information as well as when to contact a health care provider.

Other resources that you may find helpful:

- **Ontario Lung Association:**
  1-888-344-LUNG (5864)  www.on.lung.ca

- **Canadian Lung Association BreathWorks COPD Help Line:**
  1-866-717-COPD (2673)  www.lung.ca/file/copd-breathworks-plan

- **Smokers Helpline; requires self referral:**
  1-877-513-5333  www.smokershelpline.ca  or
  1-416-535-8501 ext 77400  www.nicotinedependenceclinic.com

- **For help finding a family doctor, Health Care Connect:**
  1-800-445-1822  www.ontario.ca/page/find-family-doctor-or-nurse-practitioner

### Post Hospital Discharge Follow-Up

- ☑ A Rapid Response Nurse will visit you in your home within 48 hours of discharge
- ☑ Telephone homecare nurse will call you within 48 hours of discharge
- ☑ Arrange follow-up appointment with your Family Doctor in 1 week
- ☑ A referral has been sent to Westpark Outpatient Pulmonary Rehabilitation Program. They will contact you directly. This only for **EGH patients**.
- ☐ An appointment has been arranged for you with your Respirologist, Dr. ______________________
  
  Date: ________________________________
  Time: ______________________________

- ☐ A referral has been sent to a Respirologist, Dr. ________________________________
  Their office will contact you directly.

- ☐ An appointment has been arranged for you at COPD Urgent Outpatient Clinic (**BCH Only**)  
  Date: ________________________________
  Time: ______________________________

- ☐ An appointment has been arranged for you with specialist, Dr. _______________________
  Date: ________________________________
  Time: ______________________________