Osler Standard Order Set

WEIGHT: kg  HEIGHT: cm

ESTIMATED DATE OF DISCHARGE:

ALLERGIES: ☐ NO KNOWN ALLERGIES

COPD Discharge Clinical Protocol

BCH Site:
☒ COPD Urgent Clinic or MRP to do e-referral or fax referral form to: 905-494-6215
☒ Pulmonary Rehabilitation Clinic MRP to e-referral or fax referral form to: 905-494-6215

EGH Site:
☒ Urgent Medical Clinic: MRP to e-referral or fax referral to 416-747-3399
☒ Refer to Respirologist, Dr. _______________________
      MRP to fax referral and request patient be seen within 1-2 weeks

BCH and EGH Sites:
☒ Telehomecare Reason: All patients will be contacted by telehomecare nurse within 48 hours
☒ Transition Care Coordinator: Complete LACE Index on discharge for risk stratification
☒ Home and Community Care Reason: Referral to Rapid Response Nurse on discharge for home visit
      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

***Discharge Instructions***

☒ Ensure applicable COPD information brochures and “Discharge Instructions For Patient” provided to patient
☒ Registered Respiratory Therapist: Verify patient familiar with all inhaled medication devices/puffers and assess technique prior to discharge
☒ Ensure completed individualized care plan and medication reconciliation discharge summary provided to:
☒ Family Health Team or Primary Care Provider (by fax)
☒ Respirologist: ___________________(name)
☒ CW LHIN - Nursing or Retirement home

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Prescriber Signature and Mnemonic

Date/Time

Transcribed By

Date/Time

Checked By

Date/Time
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 Respiriologist, Dr. ________________________

  Date: ________________________________________  Time: _______________

☐ A referral has been sent to a Respiriologist, 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: _______________