Order Sets

Cirrhosis Discharge Adult

- Cirrhosis Care

**Discharge**

- **Follow-Up**

  Note these are patient instructions to appear on the After Visit Summary. If new referral to a Liver Specialist, please place a referral order.

  - Discharge Follow-Up with Primary Care Provider
  - Discharge Follow-Up with Liver Specialist

- **Patient Care Interventions**

  - Remove Peripheral IV
    
    Once, For 1 Occurrences
  
  - Foley catheter - discontinue
    
    Once for 1 occurrence, Once For 1 Occurrences
  
  - Go through Patient Discharge instructions with patient and/or family
    
    Prior to discharge
  
  - Change dressing
    
    As needed, Before patient is discharged
  
  - Remove Drains / Tubes
    
    Once for 1 occurrence, Once For 1 Occurrences
  
  - Remove Staples
    
    Once for 1 occurrence, Once For 1 Occurrences
  
  - Remove Sutures
    
    Once for 1 occurrence, Once For 1 Occurrences

- **Diet and Nutrition**

  - Discharge diet - Return to previous diet

    - **Specific Diet Instructions**
      
      - Adult Diet - High protein with 2 gram sodium restriction (if volume overloaded)
        
        High Protein
      
      - Adult Diet - High protein
        
        High Protein
      
      - Other diet (specify)
      
      - Therapeutic diet (specify)

    - Total Fluid Intake (TFI) - Restrict PO fluid to 1300 mL/day
      
    - Total Fluid Intake (TFI) - Restrict PO fluid to 1000 mL/day
      
    - Total Fluid Intake (TFI) - Restrict PO fluid (specify)
      
    - Patient to weight themselves weekly
### Referrals
- Ambulatory Referral to Continuing Care Access
- Ambulatory Referral to Wound/Ostomy Clinic
- Ambulatory Referral to Physical Medicine Rehab
- Ambulatory Referral to Anticoagulation
- Ambulatory Referral to Diabetes Education
- Ambulatory Referral to Home Nutrition Support Program
- Ambulatory Referral to Dietitian
- Ambulatory Referral to Occupational Therapy
- Ambulatory Referral to Oncology
- Ambulatory Referral to Palliative Care
- Ambulatory Referral to Physical Therapy
- Ambulatory Referral to Speech Therapy

### Notify Community Physician(s)
- Nursing Communication
  - Once for 1 occurrence, Notify Primary Care Provider of Discharge.
- Nursing Communication
  - Once for 1 occurrence, Notify Liver Specialist of Discharge.

### Patient Education/Teaching
- Patient Education - Add ‘Cirrhosis: Care information’ to After Visit Summary
  - Prior to discharge, Click Go to References/Attachments link, then click additional search and add ‘Cirrhosis: Care Information: General Info (English)’ topic to patient’s After Visit Summary.
- Patient Education - Add ‘Alcohol and Drug Problems’ to After Visit Summary
  - Click Go to References/Attachments link, then click additional search and add ‘Alcohol and Drug Problems (English)’ topic to patient’s After Visit Summary.
- Patient Education - Addiction Services Contact Information
- Patient Education - Nursing Instructions
  - Prior to discharge, Use teach-back technique to reinforce learning. Document teaching. Review after visit summary with patient.

### Wound Care
- Discharge Dressing Care
- Discharge Suture/Staples
- Incision Site Care
<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Discharge Activity</td>
<td>No strenuous activity</td>
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<tr>
<td>Discharge Activity - Sports</td>
<td>No strenuous activity or sports</td>
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<tr>
<td>Discharge Activity - Weight Bearing</td>
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<tr>
<td>Discharge Activity - Lifting Instructions</td>
<td>No lifting greater than or equal to <strong>3</strong> lbs for <strong>3</strong> weeks</td>
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<tr>
<td>Discharge Activity - Driving Instructions</td>
<td>No Driving</td>
</tr>
<tr>
<td>Discharge Activity - Smoking Instructions</td>
<td>No Smoking</td>
</tr>
<tr>
<td>Discharge Activity - Work/School Instructions</td>
<td>May return to work/school</td>
</tr>
<tr>
<td>Discharge Activity - Sexual Activity Instructions</td>
<td>Resume sexual activity</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Equipment and Devices</th>
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<tbody>
<tr>
<td>Nursing Communication - Provide patient teaching for post-discharge device care and maintenance</td>
<td></td>
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<tr>
<td>Nursing Communication - Provide patient teaching for post-discharge inhaler/respiratory device</td>
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<tr>
<td>Nursing Communication - Provide patient teaching for post-discharge Foley catheter</td>
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<tr>
<td>Nursing Communication - Provide patient teaching for post-discharge subcutaneous injections</td>
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<tr>
<td>Nursing Communication - Provide patient teaching for post-discharge ***</td>
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<tr>
<th>Assistive Devices</th>
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<tbody>
<tr>
<td>Send patient home with: Crutches</td>
<td></td>
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<tr>
<td>Send patient home with: Oxygen therapy - equipment</td>
<td></td>
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<tr>
<td>Send patient home with: Collar</td>
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<tr>
<td>Send patient home with: Walker</td>
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<tr>
<td>Send patient home with: Ankle splint air cast</td>
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<tr>
<th>Hygiene</th>
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<tbody>
<tr>
<td>Discharge Activity - Showering Instructions</td>
<td>Patient may shower</td>
</tr>
<tr>
<td>Discharge Activity - Tub Bathing Instructions</td>
<td>Patient may tub bathe</td>
</tr>
<tr>
<td>Discharge Activity - Bathing Instructions</td>
<td>Sponge bath only until follow-up visit</td>
</tr>
<tr>
<td>Discharge Activity - Hygiene Instructions</td>
<td>***</td>
</tr>
</tbody>
</table>
Outpatient Labs Post Discharge
Please include copies to Family Physician and GI/Liver/Internal Medicine Specialist.

☐ CBC and Differential
☐ Alanine Aminotransferase (ALT)
☐ Alkaline Phosphatase (ALP)
☐ Albumin
☐ Bilirubin, Total (SSL)
☐ Electrolyte Panel (Na, K, Cl, CO2, Anion Gap)
☐ Creatinine
☐ INR

Medication Instructions

☐ Discharge Medication Instructions - Pain Management
  Take *** for relief of pain or discomfort. Follow the recommended dosing instructions on the medication label.

☐ Discharge Medication Instructions - Constipation
  Take *** for relief of constipation

☐ Discharge Medication Instructions - No Aspirin (ASA)
  For *** (days/weeks) Aspirin may be found in other medications, and may be called "ASA" in combination products. Please ask if you are unsure about any of your medications.

☐ Discharge Medication Instructions - No Acetaminophen
  For *** (days/weeks) Many medications have acetaminophen in them, including TYLENOL brand products and most cold/flu medications. Acetaminophen may be called "APAP" in combination products. Always check the labels on over-the-counter medications. Please ask if you are unsure about any of your medications.

☐ Discharge Medication Instructions - No NSAIDS
  For *** (days/weeks) Non-steroidal Anti-Inflammatory Drugs (NSAIDS) include things like ibuprofen (Motrin) and naproxen (Aleve), and are found in many other medications, such as Advil Migraine. Please ask if you are unsure about any of your medications.

☐ Discharge Medication Instructions - No Antiplatelets
  For *** (days/weeks) Examples of antiplatelet medications include, but are not limited to: clopidogrel (Plavix), Ticagrelor (Brilinta). Please ask if there are questions about your medications.

☐ Discharge Medication Instructions - No Anticoagulants (Blood Thinning Medications)
  For *** (days/weeks) Examples of blood thinning medications include, but are not limited to: warfarin, dabigatran, apixaban, rivaroxaban, and edoxaban. Please ask if there are questions about your medications.

Cirrhosis Specific Discharge Orders

Discharge Follow up - Ascites or Hepatic Hydrothorax Patients

If an ambulatory paracentesis or thoracentesis is needed within 2 weeks of discharge, please order the procedure and notify the ambulatory provider so a therapy plan can be put into the system.

☐ US Thoracentesis Left
☐ US Thoracentesis Right
☐ US Paracentesis

Discharge Follow up - Hepatic Encephalopathy Patients

rFAXIMin 550 mg po BID should be ordered for all patients who have had 2 or more episodes of hepatic encephalopathy, are unable to tolerate lactulose or have symptoms despite the maximum tolerated dose of lactulose. Special authorization is required for outpatients. NOTE: does not need to be ordered here if patient is already on it (will be translated to discharge medications through medication reconciliation).

☐ rFAXIMin 550 mg tablet
  Normal
### Discharge Follow up - Spontaneous Bacterial Peritonitis or Pleuritis Patients

**Secondary Prophylaxis (if not already ordered as inpatient)**

All patients with an episode of SBPeritonitis or SBPleuritis require long-term antibiotic prophylaxis (as long as the fluid persists). Norfloxacin is the first choice for outpatient therapy, unless another alternative has been suggested based on resistance testing. **NOTE:** does not need to be ordered here if patient is already on it (will be translated to discharge medications through medication reconciliation).

- norfloxacin 400 mg tablet
- ciprofloxacin 500 mg tablet
- sulfamethoxazole-trimethoprim 800 mg-160 mg per tablet

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### Discharge Follow up - Variceal Bleed Patients

Patients with variceal bleeds usually require follow up gastroscopy within 4-6 weeks.

- Ambulatory Referral to Gastroenterology
- Secondary Prophylaxis (if not already ordered as inpatient)