

Order Sets

Cirrhosis Discharge Adult  Manage User Versions  

- 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

▼ Activity

- Discharge Activity
No strenuous activity
- Discharge Activity - Sports
No strenuous activity or sports
- Discharge Activity - Weight Bearing
- Discharge Activity - Lifting Instructions
No lifting greater than or equal to *** lbs for *** weeks
- Discharge Activity - Driving Instructions
No Driving
- Discharge Activity - Smoking Instructions
No Smoking
- Discharge Activity - Work/School Instructions
May return to work/school
- Discharge Activity - Sexual Activity Instructions
Resume sexual activity

▼ Equipment and Devices

- Nursing Communication - Provide patient teaching for post-discharge device care and maintenance
- Nursing Communication - Provide patient teaching for post-discharge inhaler/respiratory device
- Nursing Communication - Provide patient teaching for post-discharge Foley catheter
- Nursing Communication - Provide patient teaching for post-discharge subcutaneous injections
- Nursing Communication - Provide patient teaching for post-discharge

▼ Assistive Devices

- Send patient home with: Crutches
- Send patient home with: Oxygen therapy - equipment
- Send patient home with: Collar
- Send patient home with: Walker
- Send patient home with: Ankle splint air cast

▼ Hygiene

- Discharge Activity - Showering Instructions
Patient may shower
- Discharge Activity - Tub Bathing Instructions
Patient may tub bathe
- Discharge Activity - Bathing Instructions
Sponge bath only until follow-up visit
- Discharge Activity - Hygiene Instructions

▼ 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 (\$\$) ■
- 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 (NSAID's) 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.
- Discharge Medication Instructions
For *** (days/weeks)

▼ 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

rifAXIMin 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).

- rifAXIMin 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

▼ 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)