

# Required Charting for Discharges

- Assure Vaccinations are up to date and documented
- If Core Measure patient, make sure **ALL** requirements are complete. Use Core Measure Pink Sheets as appropriate
- Complete DC Instructions per patient needs/Core Measure as well as the “Additional Health Considerations” screen
- Print out all education sheets as applicable
- Have 2nd RN verify and sign completed DC instructions
- After reviewing with patient, have patient sign discharge instructions and valuables list, then place signed forms AND copy of education information sheet in patients chart
- Call Report to receiving facility or Home Health per DC instructions/needs
- Document on Transfer/Discharge Notes – DO **NOT** WRITE DISCHARGE NOTE UNDER PATIENT NOTES; follow process outlined on the following slides

# How to correctly document a Patient DISCHARGE

NUR.COCSNM (NMLCSND/NMD.TEST.MIS/111/COCSNM) - Wright,Dana J \*\*\* TEST \*\*\*

Process Interventions

Current Date/Time DJW Int: 0 of 51

Document Document Validation Patient Process Add Order >More  
 Interv's Now Routine Notes Meds Interv Detail

Patient NM000000125 RN, THIRTYONE Status ADM IN Room NM.0303

Attend Dr NMDTPHY PCI TEST PHYSICIAN Admit 04/21/14 Bed 1

Start Date 05/05/14 at 1442 End Date 05/06/14 at 2359 Age/Sex 64 M Loc NM.3RD

Include A,H,I,X AS,CP,OE,PS 1:99 3L ALL INT Med Edit Unit# NM00000011

Acuity

Interventions	Sts	Directions	Doc	Src	D	C/N	KI	Prt
-Discharge Note	A	.TRANSFER/DISCHARGE		CP				
-Transfer Note IN HOUSE ONLY	A	.AT TRANSFER TO AN...		CP				
-DC *Additional Health Considerations	A	.AT DISCHARGE		CP				
-DC *SPANISH Additional Health Consider	A	.AT DISCHARGE		CP				
-DC *DISCHARGE	A	.AT DISCHARGE		CP				
-DC *STENT	A	.AT DISCHARGE		CP				
-DC *CABG	A	.AT DISCHARGE		CP				
-DC *STROKE	A	.AT DISCHARGE		CP				
-DC *SPANISH DISCHARGE	A	.AT DISCHARGE		CP				
-DC *SPANISH STENT	A	.AT DISCHARGE		CP				
-DC *SPANISH CABG	A	.AT DISCHARGE		CP				
-DC *SPANISH STROKE	A	.AT DISCHARGE		CP				
-DC *STEMI/NSTEMI/ANGINA/ACS	A	.AT DISCHARGE		CP				
-DC *SPANISH STEMI/NSTEMI/ANGINA/ACS	A	.AT DISCHARGE		CP				
5. *****DATA COLLECTION FORMS*****								
-VITAL SIGNS *ADULT*	A			CP				

- Select the “DISCHARGE NOTE” and use the DN (Document Now) or DI (Document Intervention) function to enter the screen.

- Language clarification: In this context a TRANSFER applies only to moving a patient within the facility. If you are transferring a patient to another facility you are DISCHARGING the patient from MMC.

Interventions	Sts	Directions	Doc	Src	D	C/N	KI	Prt
-Discharge Note	A	[REDACTED]		CP				
-Transfer Note IN HOUSE ONLY	A	.AT TRANSFER TO AN...		CP				
-DC *Additional Health Considerations	A	.AT DISCHARGE		CP				

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Process Interventions

Current Date/Time DJW Int: 0✓ of 160

DN	Document	Document	Validation	Patient	Process	Add	Edit	More
	Interv's	Now	Routine	Notes	Meds	Interv	Text	

TRANSFER/DISCHARGE NOTE

Did patient have stroke during this hospitalization:  N

    Patient educated on activation of emergency medical system (911):  N

        Pt educated on risk factors for Stroke:  N

        Pt educated on warning signs of Stroke:  N

    Patient educated on need for follow up/monitoring after discharge:  N

        Patient educated on medication(s) after discharge:  N

Did patient have VTE during this hospitalization:  N

    Patient educated on dietary needs after discharge:  N

        Patient educated on adverse drug reactions:  N

    Patient educated on compliance with discharge instructions:  N

    Patient educated on follow up monitoring for warfarin after discharge:  N

- These questions **MUST** be answered to report quality measures to CMS.

- The STROKE queries refer to standards of care and should be answered YES for all patients discharged with a diagnosis of:
  - Stroke (Ischemic or Hemorrhagic)
  - CVA (Ischemic or Hemorrhagic)
  - TIA

Take credit for the work you're doing! 😊

```
Did patient have stroke during this hospitalization:  N
  Patient educated on activation of emergency medical system (911):  N
    Pt educated on risk factors for Stroke:  N
    Pt educated on warning signs of Stroke:  N
  Patient educated on need for follow up/monitoring after discharge:  N
    Patient educated on medication(s) after discharge:  N
```

```
Did patient have VTE during this hospitalization:  N
  Patient educated on dietary needs after discharge:  N
    Patient educated on adverse drug reactions:  N
  Patient educated on compliance with discharge instructions:  N
  Patient educated on follow up monitoring for warfarin after discharge:  N
```

- The VTE queries also refer to standards of care; answer them appropriately. In this context VTE refers to...

**Table 3-240 Joint Commission VTE Confirmed Value Set Definition**

Value	Display Name	Definition
59282003	Pulmonary embolism (disorder)	Not Available
233936003	Acute massive pulmonary embolism (disorder)	
194883006	Postoperative pulmonary embolus (disorder)	
74315008	Pulmonary microemboli (disorder)	
233935004	Pulmonary thromboembolism (disorder)	
438773007	Recurrent pulmonary embolism (disorder)	
233937007	Subacute massive pulmonary embolism (disorder)	
128053003	Deep venous thrombosis (disorder)	
200233001	Antenatal deep vein thrombosis with antenatal complication (disorder)	
62583006	Puerperal phlegmasia alba dolens (disorder)	
428781001	Deep venous thrombosis associated with coronary artery bypass graft (disorder)	

And...

Value	Display Name	Definition
404223003	Deep venous thrombosis of lower extremity (disorder)	
134399007	Deep vein thrombosis of leg related to air travel (disorder)	
427775006	Deep venous thrombosis of profunda femoris vein (disorder)	
234044007	Ileofemoral deep vein thrombosis (disorder)	
66923004	Phlegmasia alba dolens (disorder)	
280966008	Phlegmasia alba dolens - obstetric (disorder)	
66877004	Phlegmasia cerulea dolens (disorder)	
427776007	Thrombosis of the popliteal vein (disorder)	
213220000	Postoperative deep vein thrombosis (disorder)	
200239002	Postnatal deep vein thrombosis NOS (disorder)	
200236009	Postnatal deep vein thrombosis unspecified (disorder)	
200238005	Postnatal deep vein thrombosis with postnatal complication (disorder)	
309735004	Thrombosis of vein of lower limb (disorder)	
234049002	Venous embolism (disorder)	
312585004	Venous thrombosis, phlebitis and thrombophlebitis (disorder)	
429098002	Thromboembolism of vein (disorder)	
111588002	Heparin-induced thrombocytopenia with thrombosis (disorder)	
55976003	Spontaneous abortion with blood-clot embolism (disorder)	
82153002	Spontaneous abortion with pulmonary embolism (disorder)	
51096002	Legal abortion with pulmonary embolism (disorder)	
55589000	Illegal abortion with pulmonary embolism (disorder)	

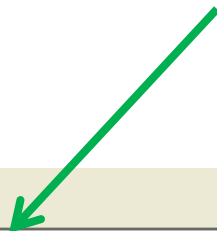


- Do I expect you to remember that entire list? Nope. (But now you have a copy to refer to.)
- Rule of thumb for answering the VTE questions should be:

“Does my patient have a BIG clot in a BIG vein?”

- If the answer is Yes, then the answer is Yes.

This must be completed for  
**EVERY DISCHARGE,**  
**EVERY TIME.**



Interventions	Sts	Directions	Doc	Src	D	C/N	KI	Prt
-Discharge Note	A			CP				
-Transfer Note IN HOUSE ONLY	A	.AT TRANSFER TO AN...		CP				
-DC *Additional Health Considerations	A	.AT DISCHARGE		CP				

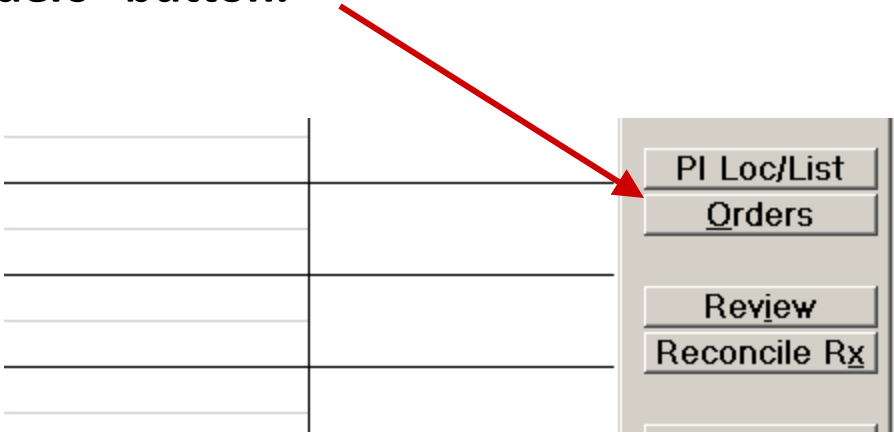


**Memorial Medical Center**

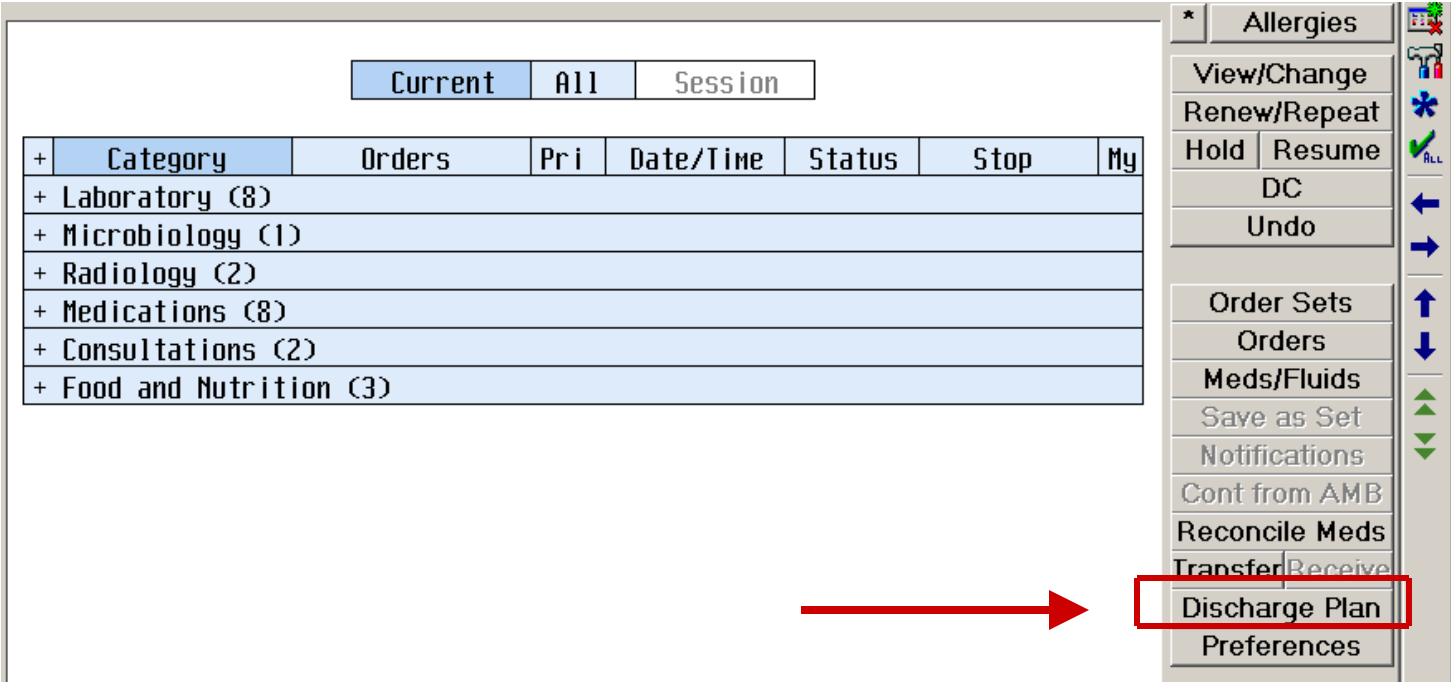


# **Discharge Plan in CPOE Nursing**

Access the discharge function by selecting the patient on the status board and clicking the "Orders" button.



Once in the orders function, select the "Discharge Plan" option.



# Current RN Discharge Plan

## Discharge Plan

-		4 sections not complete	
* Planned DC Date	EDIT	Planned discharge date	Required
* Disposition	EDIT	<input type="radio"/> DC HH Service <input type="radio"/> DC Home IV Ther Serv <input type="radio"/> DC Home-Self Care <input type="radio"/> DC Hospice Home <input type="radio"/> DC Inpt Rehab Fac <input type="radio"/> DC SHORT TERM HOSPITAL	<input type="radio"/> DC Skilled Nursing Fac <input type="radio"/> DC to Hospice Inpt Med Fac <input type="radio"/> Discharge Psych Hosp/Hosp Unit <input type="radio"/> Federal Hospital-Fed Hosp/VA <input type="radio"/> LAW ENFORCEMENT/COURT <input type="radio"/> Other Type Fac
* Discharge Meds	EDIT	Discharge Home Meds and Prescriptions	Required
* Discharge Order	ADD	Discharge Order	Required

Note: All Sections with a **RED \*** or **EDIT** are required fields and must be complete before the patient is discharged from the facility.

## Planned DC Date (Required)

Clicking the EDIT button will direct the end user into the calendar screen to enter the expected date, time and comment for the Patient to be discharged.

\* Planned DC Date   Planned discharge date

Discharge Plan

Enter/Edit Planned DC Date

* Planned DC Date	EDIT
* Disposition	EDIT
Discharge Meds	EDIT
* Discharge Order	ADD

November 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

HH MM

Ok Cancel

sections not complete  
Required

Nursing Fac  
Inpt Med Fac  
Psych Hosp/Hosp Unit  
Hospital-Fed Hosp/VA  
MENT/COURT  
Fac  
Required

Required

## Discharge Disposition (Required)

Select the appropriate discharge disposition by clicking one of the radio buttons located below. Click the EDIT button to change the disposition if necessary.

Indicates required section not yet completed.

- Patient Problems <span>EDIT</span>		Current Visit Problems in <span>blue</span>	
-		3 sections not complete	
Planned DC Date <span>EDIT</span>		Thursday November 14, 2013	
* <span>Disposition</span> <span>EDIT</span>	<input type="radio"/>	DC HH Service	<input type="radio"/>
	<input type="radio"/>	DC Home IV Ther Serv	<input type="radio"/>
	<input type="radio"/>	DC Home-Self Care	<input type="radio"/>
	<input type="radio"/>	DC Hospice Home	<input type="radio"/>
	<input type="radio"/>	DC Inpt Rehab Fac	<input type="radio"/>
	<input type="radio"/>	DC SHORT TERM HOSPITAL	<input type="radio"/>
		<input type="radio"/>	DC Skilled Nursing Fac
			<input type="radio"/>
			DC to Hospice Inpt Med Fac
			<input type="radio"/>
			Discharge Psych Hosp/Hosp Unit
			<input type="radio"/>
			Federal Hospital-Fed Hosp/VA
			<input type="radio"/>
			LAW ENFORCEMENT/COURT
			<input type="radio"/>
			Other Type Fac
			<input type="radio"/>
			<span>Required</span>

Note once a section is completed correctly it will collapse and the EDIT button will turn From Red to Blue.

-		
Planned DC Date <span>EDIT</span>		Thursday November 14, 2013
Disposition <span>EDIT</span>	<input type="radio"/>	DC HH Service

These sections can be accessed at a later time if corrections need to be made by reselecting the **(Blue)** EDIT button.

## Discharge Meds (Required)

Click the **EDIT** button and it launches the Medication tab on the Discharge screen. This function will allow the end user to reconcile a patient's medications upon discharge.



**Home Meds (Required)** You will have the following three options when addressing the home medication list.

Cont – Continue post Discharge

Stop → Discontinue post Discharge

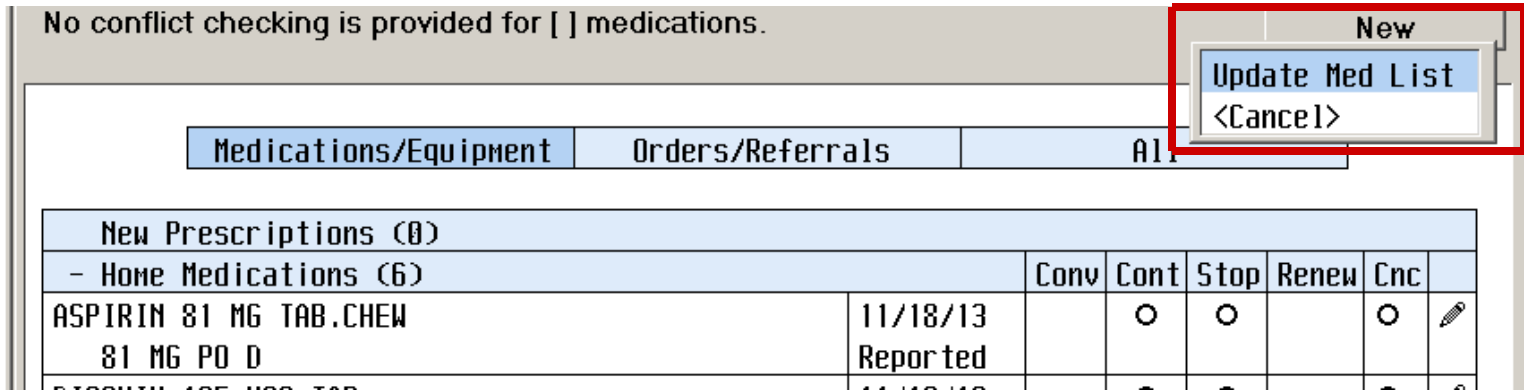
Cnc → Removes from list

Medications/Equipment		Orders/Referrals	All				
New Prescriptions (0)							
- Home Medications (6)			Conv	Cont	Stop	Renew	Cnc
ASPIRIN 81 MG TAB.CHEW 81 MG PO D	11/18/13 Reported			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
DIGOXIN 125 MCG TAB 250 MCG PO D	11/18/13 Reported			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
DOCUSATE SODIUM 100 MG TABLET 100 MG PO HS	11/18/13 Reported			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
INSULIN GLARGINE (LANTUS) (LANTUS) 100 UNIT/1 ML 10 UNITS SC HS	11/18/13 Reported			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
ATORVASTATIN (LIPITOR) 10 MG TABLET 30 MG PO D	11/18/13 Reported			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
PANTOPRAZOLE (PROTONIX) 40 MG TAB 40 MG PO D	11/18/13 Reported			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>



# DC Meds Continued - Current Inpatient Medications

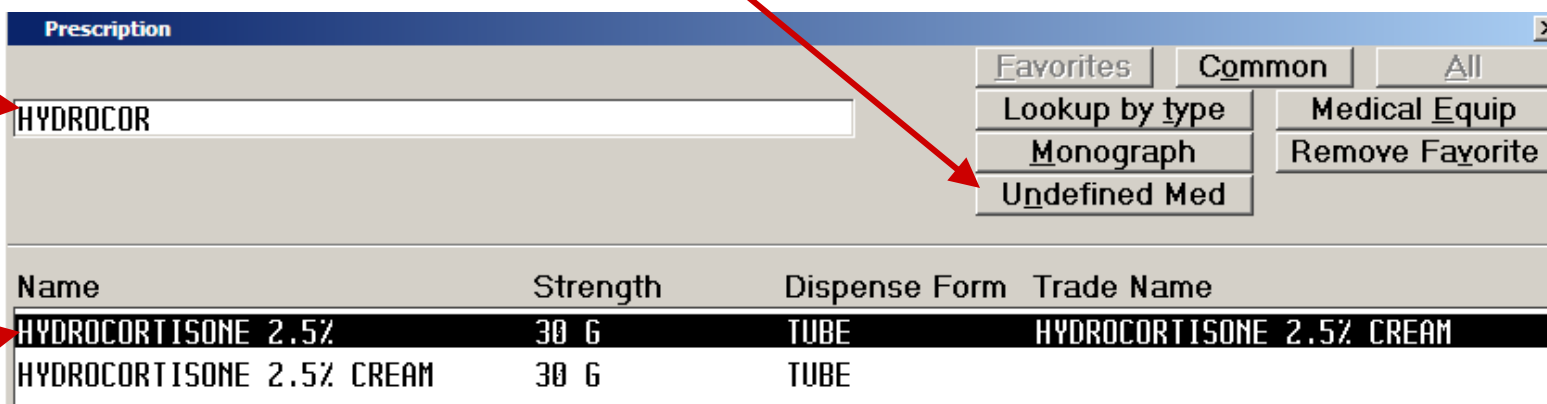
If a provider wishes to have a current inpatient medication converted to a active home medication for discharge select **New** and **Update Med List**.



1) Type the name of the new medication or equipment in this location.

3) If the medication is not in the Hospital Formulary the "Undefined Med" button **MUST** be selected.

2) Select the appropriate string.



DC Meds continued- After selecting a medication string you **MUST** enter in the provider information in the **Comments** box below.

**Update Med List - Favorite Strings** [X]

ASPIRIN 81 MG TAB.CHEW  
81 MG PO D 0 Refills

Unknown Strength

Dose	Units	Route	Frequency	PRN	Reason for Use
81	MG	PO	D	N	

Qty	Days	Disp Unit	Refills	NS

Instructions  Diagnosis

**Comments**  Date  Source

81	MG	PO	D	N
	TAB.CHEW	N		
162	MG	PO	D	N
	TAB.CHEW	N		

**Enter/Edit Comments** [X]

Send to Pharmacy

Comments  
TORB Dr X

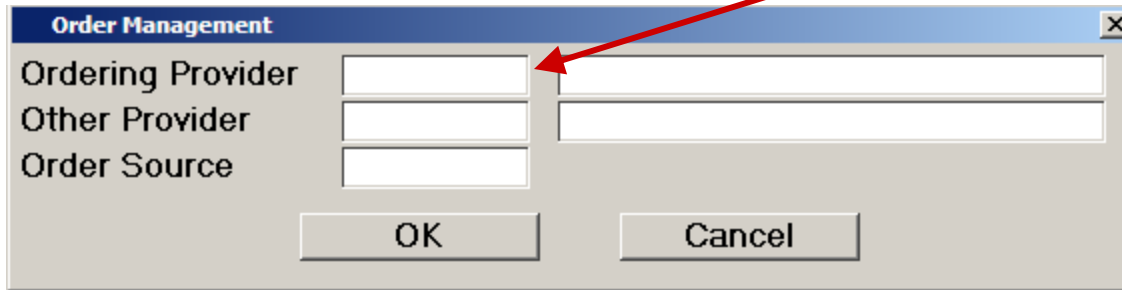
## Discharge Order - Required

Select the **ADD** button. This will return you to the orders screen. Reselect Orders

\* **Discharge Order** **ADD** Discharge Order

Order Sets  
Orders  
Meds/Fluids  
Save as Set

This will prompt you to enter the mnemonic of the provider giving the discharge order, as well as, the order source (T is the only option).



Order Management

Ordering Provider	<input type="text"/>	<input type="text"/>
Other Provider	<input type="text"/>	<input type="text"/>
Order Source	<input type="text"/>	

OK Cancel

Next you must select the Discharge Screen order then press **Select** and **Done**.

Order Description  
**Discharge Screen**

Category  
**DISCHARGE IN PROCESS**

Select

Done

**Discharge Orders** Continued- In order to make the discharge order eligible for signature by the provider the RN completing the discharge summary is required to fill out the complete discharge order in the Discharge screen.

Orders	Pri	Start/Service	Series	Directions	Qty	Details
<input checked="" type="checkbox"/> Discharge Screen (DIS)	S	11/18 Now				Req

Page 1

Is this the correct patient?  \*

Discharge

Remove

Arrange for HH/Patient needs  \*

Follow-up in /with

Page 2

Procedure Ordered


List of ordered Discharge Home Medications

**Detailed list off all continued & new Home meds for provider to Review and sign.**

**Once this order is completed submit the order to return to the discharge plan.**

Example- . TORB Dr X. Patient is to continue home meds of..  
 ASA 81 mg PO Daily, Protonix 40mg PO Daily,..  
 Stop or dc the following home meds - .....  
 New home meds added- Prednisone 30mg PO Daily X 5 days.

If everything is completed on the Discharge Plan a visual indicator of “0 sections not complete” will display.

- Patient Problems <a href="#">EDIT</a>	Current Visit Problems in <a href="#">blue</a>
-	0 sections not complete
Planned DC Date <a href="#">EDIT</a> 	Thursday October 31, 2013
Disposition <a href="#">EDIT</a>	DC HH Service

**Finalization** – once all orders have been reviewed and no other changes are required, select the **Finalize RX/orders** icon to complete the discharge process.

**The Finalize Rx/Orders button compiles the medication list and once finalized NO modifications can be made.**

Preview Pt Report	Print Packet	Print Sections	Finalize RX/Orders	Cancel	Submit & Refresh	Submit & Exit
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The **Finalize RX/Orders** must be selected prior to patient discharge. If this is not completed there may be discrepancies between the electronic discharge information and patient discharge instructions.

If the Provider has finalized the Discharge and I need to change something what should I do?

- This should be an infrequent occurrence but may happen if the Provider finalized then reconsidered the care plan. An example is decreasing or increasing a medication dose.
- To address these issues: return to the discharge med list and update per the instructions above (if meds are involved) then complete a new discharge order for the provider to sign.

# RN discharge process

The new Meaningful use discharge screen **must** be filled out by a Registered Nurse on every discharge

This can be accessed through the discharge plan on the orders screen.

Select the blue ADD icon next to Care Plan / Goals

0 sections not complete	
Planned DC Date <input type="button" value="EDIT"/>	Friday January 17, 2014
Disposition <input type="button" value="EDIT"/>	<input type="radio"/> Against Medical Advice <input type="radio"/> DC Skilled Nursing Fac <input checked="" type="radio"/> DC HH Service <input type="radio"/> DC to Hospice Inpt Med Fac <input type="radio"/> DC Home IV Ther Serv <input type="radio"/> Discharge Psych Hosp/Hosp Unit <input type="radio"/> DC Home-Self Care <input type="radio"/> Federal Hospital-Fed Hosp/VA <input type="radio"/> DC Hospice Home <input type="radio"/> LAW ENFORCEMENT/COURT <input type="radio"/> DC Inpt Rehab Fac <input type="radio"/> Other Type Fac <input type="radio"/> DC SHORT TERM HOSPITAL
Discharge Meds <input type="button" value="EDIT"/>	Patient has no Home Medications on file
Discharge Order <input type="button" value="ADD"/>	Discharge Screen      PCI TEST PHYSICIAN      01/17 1340
Care Plan/Goals <input type="button" value="ADD"/>	Care Plan / Goals

**MU2 Discharge Care Plan**

01/17/14 1405 AXM      NM0000003456 STEVE,ADMFORM3

Problem	Impaired Cardiac *
Goal	Take prescribed medicine *
Instructions	Review provided discharge instructions and call PCP with questions *

Press enter at the end of the default response and add additional instructions as necessary for this problem. Group responses below are available if needed.

- 1 Promptly fill prescriptions
- 2 8-12 glasses of water/day
- 3 Slowly increase activity

Document additional problem  \*

Once selected you will enter the discharge care plan. Complete the **3 required** fields marked with a \* fill in an appropriate Problem, Goal, & instructions. Options for each of these categories will be available in the red pop up box. Free text will also be available as well.

**\*\*Note this will go home with the\*\* \*\*patient and be available for view\*\* \*\*from the patient portal.\*\***

If care plans for additional problems are needed, enter a Y in the box labeled "Document additional problem".

# Patient Education using ExitCare

Discharge Plan

RN,FIVESIXSIXNURTEST - 33/F      NM.3RD NM.0322/2      Unit No:NM00000933  
 165.1 cm 54.466 kg      ADM IN      Acct No:NM0300000712  
 Allergies/ADRs: [UNCODED], ... (More)

Discharge Plan

-      0 sections not complete

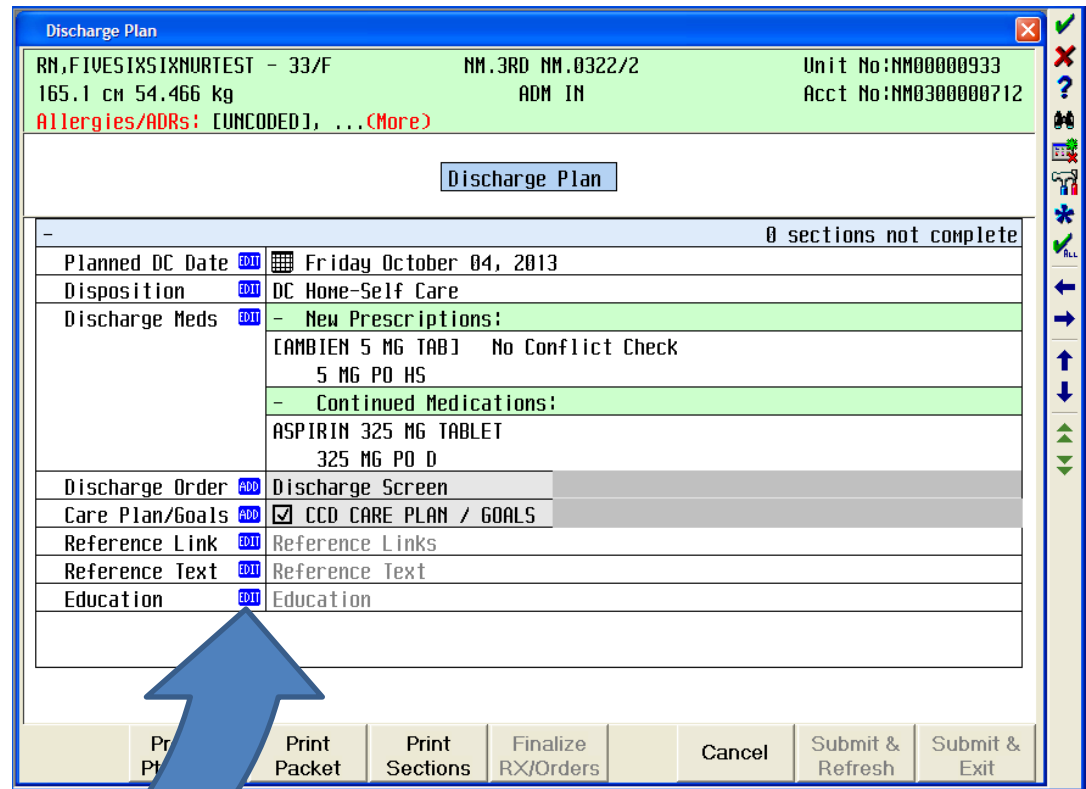
Planned DC Date	EDIT	Friday October 04, 2013
Disposition	EDIT	DC Home-Self Care
Discharge Meds	EDIT	- New Prescriptions:
		[AMBIEN 5 MG TAB] No Conflict Check 5 MG PO HS
		- Continued Medications:
		ASPIRIN 325 MG TABLET 325 MG PO D
Discharge Order	ADD	Discharge Screen
Care Plan/Goals	ADD	<input checked="" type="checkbox"/> CCD CARE PLAN / GOALS
Reference Link	EDIT	Reference Links
Reference Text	EDIT	Reference Text
Education	EDIT	Education

Preview Pt Report    Print Packet    Print Sections    Finalize RX/Orders    Cancel    Submit & Refresh    Submit & Exit



- Access the Discharge Plan using currently accepted process.

- Click the EDIT button in the Education field to access ExitCare and begin selection of relevant education material for your patient.



Discharge Plan

RN,FIVESIXSIXNURTEST - 33/F      NM.3RD NM.0322/2      Unit No:NM00000933  
165.1 cm 54.466 Kg      ADM IN      Acct No:NM0300000712  
Allergies/ADRs: [UNCODED], ... (More)

Discharge Plan

0 sections not complete

Planned DC Date	EDIT	Friday October 04, 2013
Disposition	EDIT	DC Home-Self Care
Discharge Meds	EDIT	- New Prescriptions: CAMBIEN 5 MG TAB] No Conflict Check 5 MG PO HS - Continued Medications: ASPIRIN 325 MG TABLET 325 MG PO D
Discharge Order	ADD	Discharge Screen
Care Plan/Goals	ADD	<input checked="" type="checkbox"/> CCD CARE PLAN / GOALS
Reference Link	EDIT	Reference Links
Reference Text	EDIT	Reference Text
Education	EDIT	Education

Print Packet    Print Sections    Finalize RX/Orders    Cancel    Submit & Refresh    Submit & Exit

## Anatomy of the screen:

### TYPE AHEAD LOOK-UP

- Narrows the selection list as you type

### ALL/CATEGORY buttons

- Changes view from category (shown) to alphabetical list of every document available

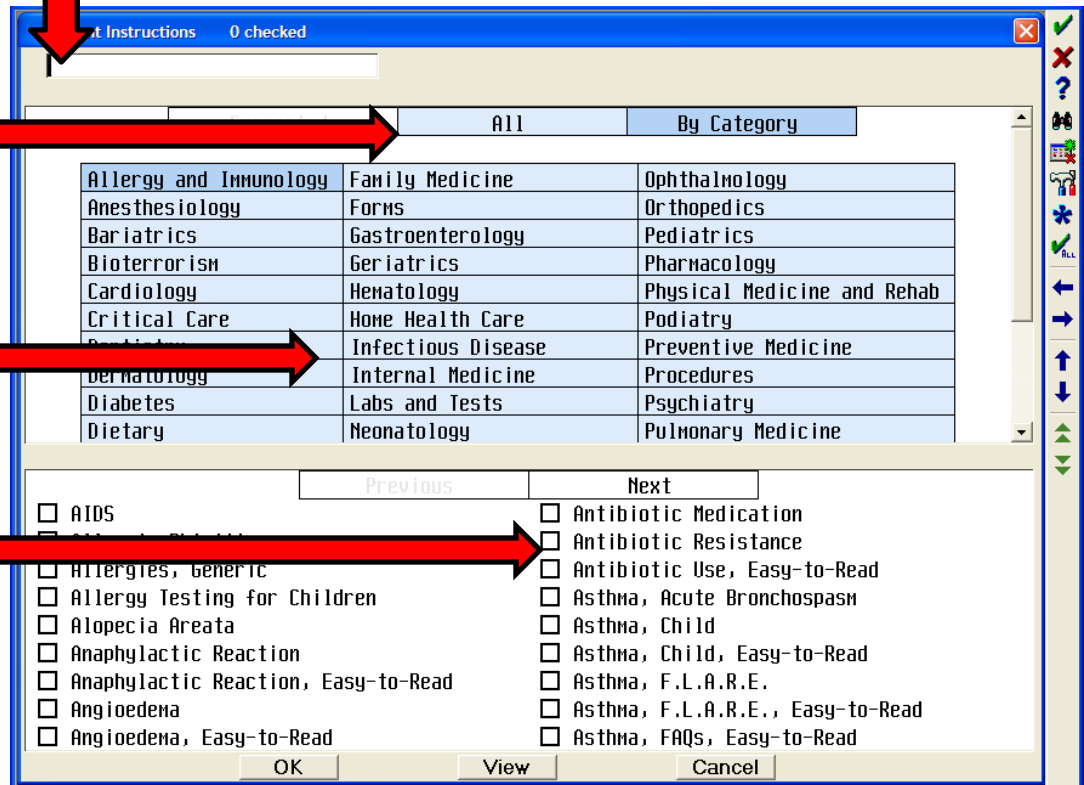
### CATEGORY buttons

- Allows refinement of list based on system/specialty/diagnostic etc.

### DOCUMENT LISTING

- Alphabetical list based on choices made above.

- Check-boxes allow you to select all relevant documents to provide to patients.



The example below shows that 2 selections have been checked. Note that the type-ahead lookup still works when a category has been selected.

If you click “View” a preview window will show you the document your patient will

NUR.COCSNM (NMLCSND/NMD.TEST.MIS/214/COCSNM)

Patient Instructions 2 checked

CH

Suggested All By Category

Allergy and Immunology	Family Medicine	Ophthalmology
Anesthesiology	Forms	Orthopedics
Bariatrics	Gastroenterology	Pediatrics
Bioterrorism	Geriatrics	Pharmacology
Cardiology	Hematology	Physical Medicine and Rehab
Critical Care	Home Health Care	Podiatry
Dentistry	Infectious Disease	Preventive Medicine
Dermatology	Internal Medicine	Procedures
Diabetes	Labs and Tests	Psychiatry
Dietary	Neonatology	Pulmonary medicine

Previous Next


- Single Chamber Pacemaker
- Dual-Chamber Pacemaker
- Heart Failure, Easy-to-Read
- Echocardiography
- Heart Failure
- Heartbeats (How the Heart Works)
- MAC Anesthesia
- Pacemaker Battery Change
- Minimize Procedure, Care After
- Type 2 Diabetes Mellitus, Adult
- Type 1 Diabetes Mellitus, Adult
- Gestational Diabetes Mellitus
- Type 1 Diabetes Mellitus, Pediatric
- Type 1 or Type 2 Diabetes Mellitus Durin
- Type 2 Diabetes Mellitus, Pediatric
- Hyperthyroidism
- Ascites Drainage Catheter Home Guide
- Ascites Drainage Catheter Placement, Car

OK View Cancel

MEDTECH Document Manager - MEDTECH Document Preview

MMC

**Heart Failure**  
Heart failure is a condition in which the heart has trouble pumping blood. This means your heart does not pump blood efficiently for your body to work well. In some cases of heart failure, fluid may back up into your lungs or you may have swelling (edema) in your lower legs. Heart failure is a long-term (chronic) condition. It is important for you to take good care of yourself and follow your caregiver's treatment plan.



**CAUSES**

- Health conditions:
  - High blood pressure (hypertension) causes the heart muscle to work harder than normal. When pressure in the blood vessels is high, the heart needs to pump (contract) with more force in order to circulate blood throughout the body. High blood pressure eventually causes the heart to become stiff and weak.
  - Coronary artery disease (CAD) is the buildup of cholesterol and fat (plaque) in the arteries of the heart. The blockage in the arteries deprives the heart muscle of oxygen and blood. This can cause chest pain and may lead to a heart attack. High blood pressure can also contribute to CAD.
  - Heart attack (myocardial infarction) occurs when 1 or more arteries in the heart become blocked. The loss of oxygen damages the muscle tissue of the heart. When this happens, part of the heart muscle dies. The injured tissue does not contract as well and weakens the heart's ability to pump blood.
  - Abnormal heart valves can cause heart failure when the heart valves do not open and close properly. This makes the heart muscle pump harder to keep the blood flowing.
  - Heart muscle disease (cardiomyopathy or myocarditis) is damage to the heart muscle from a variety of causes. These can include drug or alcohol abuse, infections, or unknown reasons. These can increase the risk of heart failure.

28 50%

The selected Education Documents will now appear in the Discharge Plan.

Education material for discharge can be added throughout the patient's stay. If you need to make additions, click the EDIT button again and the system will return you to the selection screens.

Discharge Plan

RN, FIVESIXSIXNURTEST - 33/F      NM.3RD NM.0322/2      Unit No:NM00000933  
165.1 cm 54.466 kg      ADM IN      Acct No:NM030000712  
Allergies/ADRs: [UNCODED], ... (More)

Discharge Plan

0 sections not complete

Planned DC Date	Friday October 04, 2013
Disposition	DC Home-Self Care
Discharge Meds	- New Prescriptions: [LAMBIAEN 5 MG TAB] No Conflict Check 5 MG PO HS - Continued Medications: ASPIRIN 325 MG TABLET 325 MG PO D
Discharge Order	Discharge Screen
Care Plan/Goals	<input checked="" type="checkbox"/> CCD CARE PLAN / GOALS
Reference Link	Reference Links
Reference Text	Reference Text
Education	Echocardiography Heart Failure

Preview Pt Report    Print Packet    Print Sections    Finalize RX/Orders    Cancel    Submit & Refresh    Submit & Exit

The previously selected items will appear under the "Suggested" tab. Click "All" or "By Category" to show the education options, and repeat the steps outlined previously to include your additions.

Patient Instructions 2 checked

Suggested    All    By Category

Previous    Next

- Echocardiography
- Heart Failure

OK    View    Cancel

## Printing Patient Education

To print the items you selected, click the “Print Sections” button

Check the Patient Instructions box

Select the appropriate language  
(English defaults in the field. Be aware that some titles are not yet available in Spanish)

Click “OK” to print the documents to your local printer.

