

✓	Discharge - Notify Provider	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Notify Provider						
✓	Home Equipment DME	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Walker - STD (No Wheels)						
	Wheelchair						
	Cane						
	Commode						
	Shower Chair						
	Elevated Toilet Seat						
	Shoulder Sling						
	Home Oxygen						
	CPAP						
	Blood Testing Machine						
✓	Smoking Cessation	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Tobacco Cessation Education						
✓	Diabetes Care	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Glucose POCT Meter						
	Notify Provider if blood Glucose (Specify)						
	Specify Instructions:						
✓	Acute Myocardial Infaction	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Reason for no aspirin at discharge (Specify)						
	Specify Instructions:						
	Reason for no ACEI at Discharge (Specify)						
	Specify Instructions:						
	Reason for no ARB at Discharge (Specify)						
	Specify Instructions:						
	Reason for no beta-blocker at Discharge (Specify)						
	Specify Instructions:						
✓	Stroke	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Reason for no statin meds at D/C (Specify)						
	Specify Instructions:						
	Reason for no anticoagulant Therapy at D/C (Specify)						
	Specify Instructions:						
	Reason for no antithrombotic Therapy at D/C (Specify)						
	Specify Instructions:						
✓	Follow up with Primary Care Provider	Acknowledge	Initials	Date & Time	Recovery	Initials	Date & Time
	Specify:						

Name Provider's Signature Date Time



**DISCHARGE PAPER ORDER SHEET
DOWNTIME**

Proof Copy
Not A Valid
Medical Record