

Implementation of Standardized Discharge Instructions

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Introduction

Previously, same-day surgical discharge instructions were handwritten by residents on generic fill-in-the-blank forms leading to inconsistent discharge instructions.

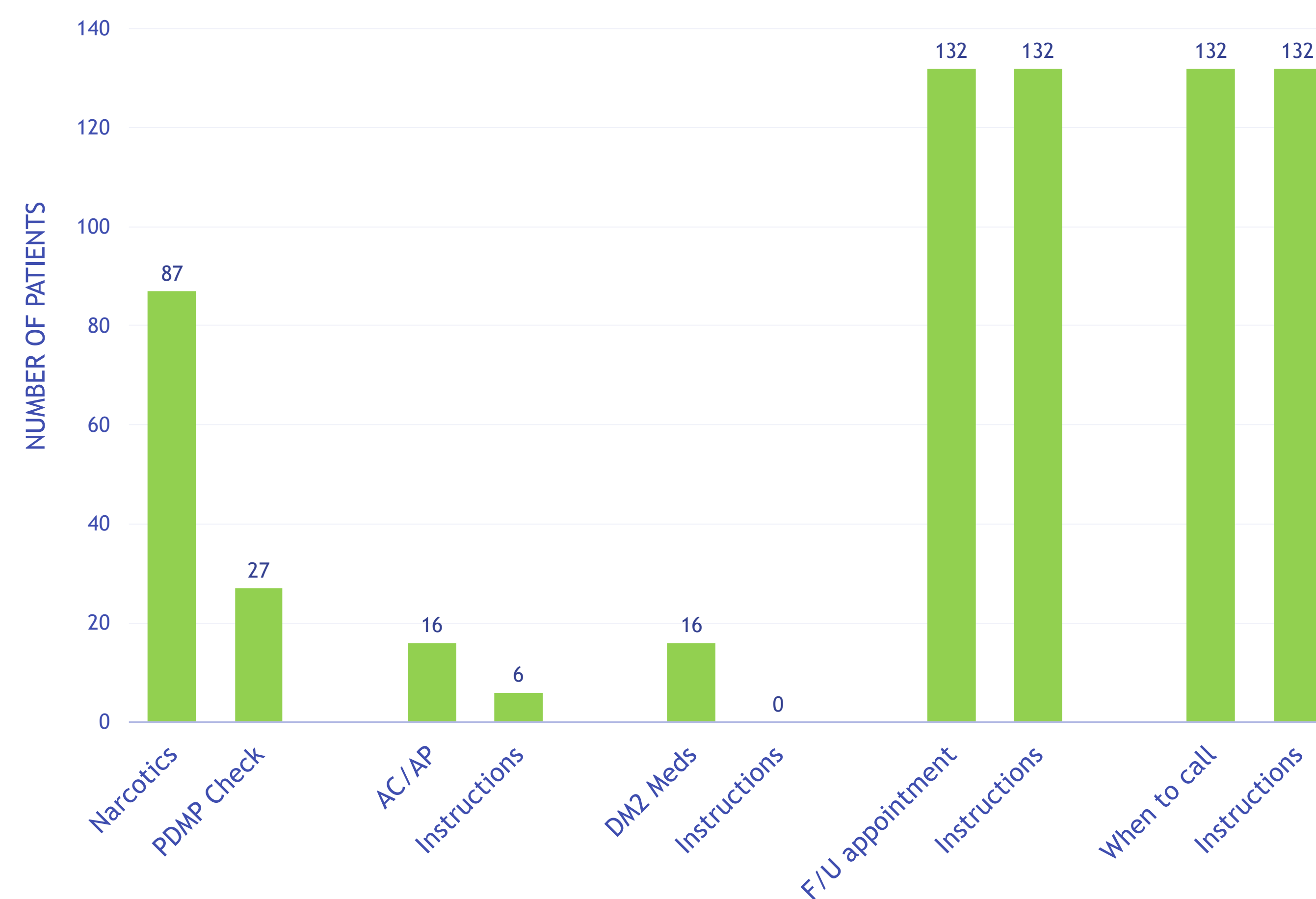
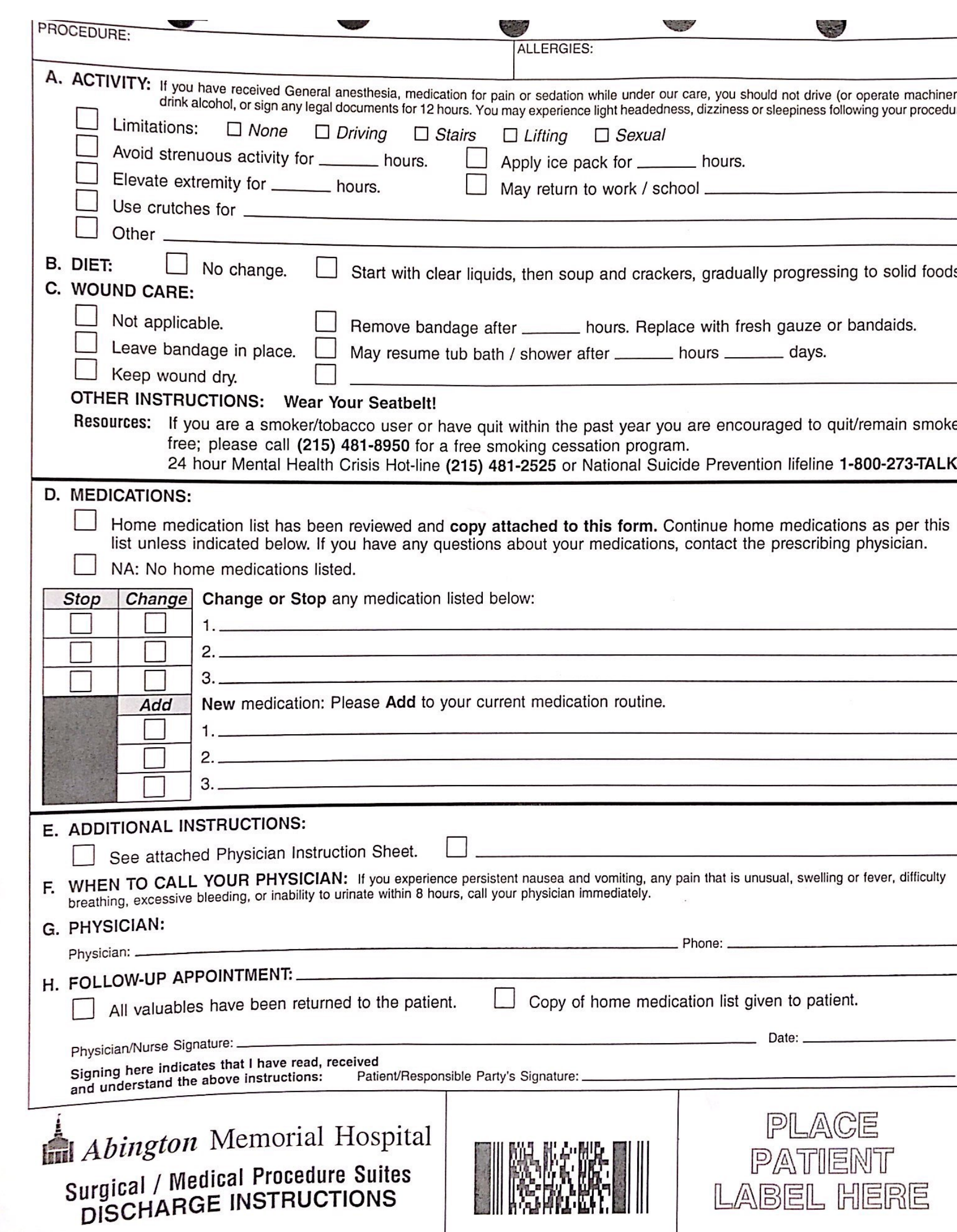
Residents started an initiative to create these standardized discharge instructions. These instructions were designed to improve documentation for post-operative instructions as well as enhance overall patient safety in an attempt to eliminate miscommunications with patients.

Methods

A retrospective chart review of all same-day laparoscopic cholecystectomies and lumpectomies over a six-months period at Abington Hospital (08/2018 -01/2019) was conducted. Charts were reviewed for inconsistencies in dressing change instructions, activity instructions, pain medications, timeline to restart anticoagulation/anti-platelets, timeline to restart diabetic medications, need for follow up appointment and timeline for follow up appointment. Patients cross-referenced in the PDMP Database if discharged on narcotics.

Data

- 132 same day surgeries (106 lap chole + 26 lumpectomy)
- 96.2% had discharge instructions filled out
- 100% had instructions for follow up appointment and time
- 23.7% discharged on narcotics had PDMP check
- 27.3% on AC/AP had instructions of when to resume
- 0% on diabetic meds had instructions of when to resume

PROCEDURE: _____ **ALLERGIES:** _____

A. ACTIVITY: If you have received General anesthesia, medication for pain or sedation while under our care, you should not drive (or operate machinery), drink alcohol or sign any legal documents for 12 hours. You may experience light-headedness, dizziness or sleepiness following your procedure.

Limitations: None Driving Stairs Lifting Sexual

Avoid strenuous activity for _____ hours. Apply ice pack for _____ hours.

Elevate extremity for _____ hours. May return to work / school _____.

Use crutches for _____.

Other _____

B. DIET: No change. Start with clear liquids, then soup and crackers, gradually progressing to solid foods.

C. WOUND CARE:

Not applicable. Remove bandage after _____ hours. Replace with fresh gauze or band-aids.

Leave bandage in place. May resume tub bath / shower after _____ hours _____ days.

Keep wound dry.

OTHER INSTRUCTIONS: Wear Your Seatbelt!

Resources: If you are a smoker/tobacco user or have quit within the past year you are encouraged to quit/remain smoke-free; please call (215) 481-8950 for a free smoking cessation program. 24 hour Mental Health Crisis Hot-line (215) 481-2555 or National Suicide Prevention Lifeline 1-800-273-TALK.

D. MEDICATIONS:

Home medication list has been reviewed and copy attached to this form. Continue home medications as per this list unless indicated below. If you have any questions about your medications, contact the prescribing physician.

NA: No home medications listed.

Stop	Change	Change or Stop any medication listed below:
<input type="checkbox"/>	<input type="checkbox"/>	1. _____
<input type="checkbox"/>	<input type="checkbox"/>	2. _____
<input type="checkbox"/>	<input type="checkbox"/>	3. _____

Add
New medication: Please Add to your current medication routine.

1. _____

2. _____

3. _____

E. ADDITIONAL INSTRUCTIONS:

See attached Physician Instruction Sheet. _____

F. WHEN TO CALL YOUR PHYSICIAN: If you experience persistent nausea and vomiting, any pain that is unusual, swelling or fever, difficulty breathing, excessive bleeding, or inability to urinate within 8 hours, call your physician immediately.

G. PHYSICIAN: _____ Phone: _____

H. FOLLOW-UP APPOINTMENT:

All valuables have been returned to the patient. Copy of home medication list given to patient.

Physician/Nurse Signature: _____ Date: _____

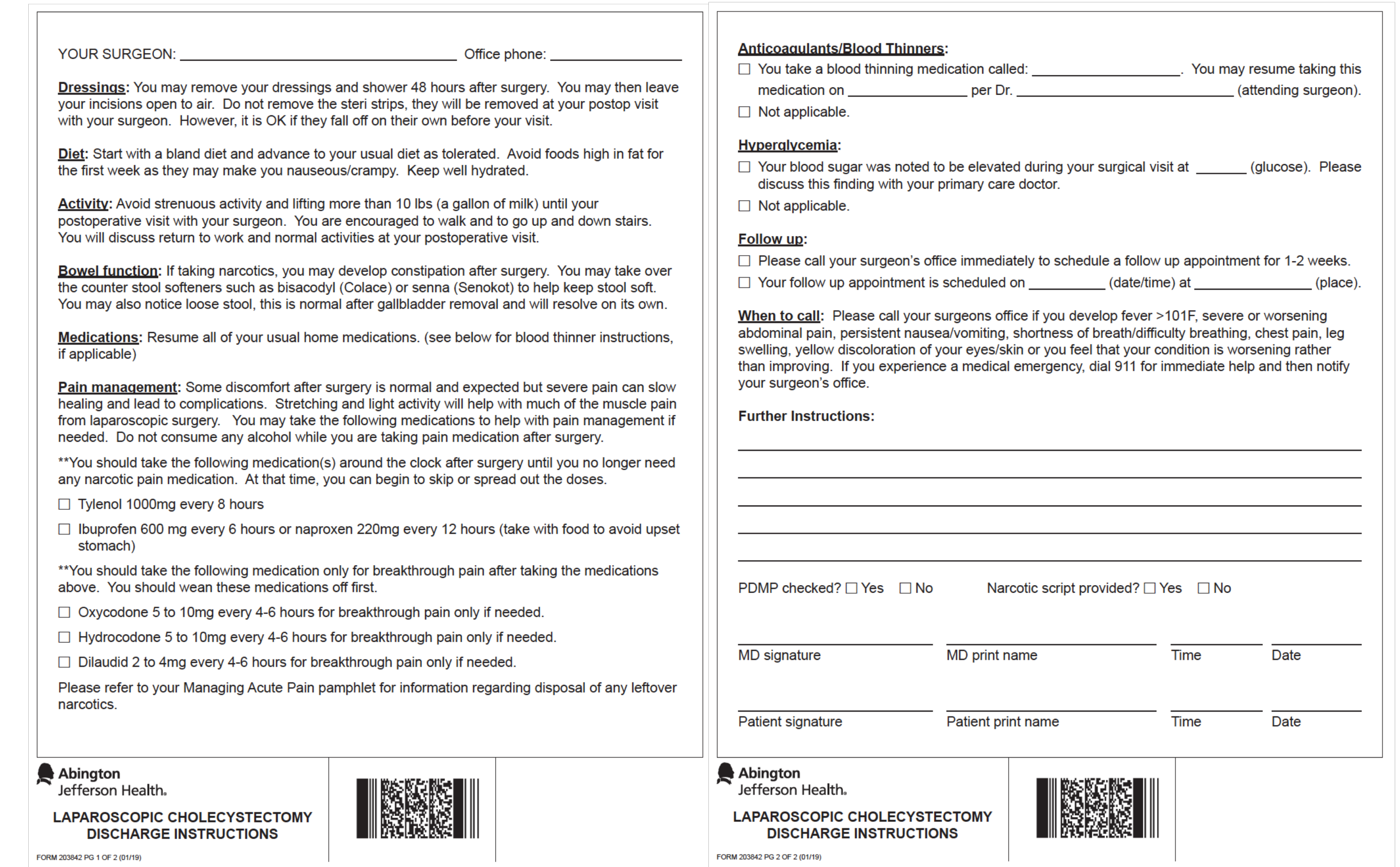
Signing here indicates that I have read, received and understand the above instructions. Patient/Responsible Party's Signature: _____

Abington Memorial Hospital
Surgical / Medical Procedure Suites
DISCHARGE INSTRUCTIONS

PLACE PATIENT LABEL HERE

Original Discharge Instructions

Modified Discharge Instructions (Same-Day Surgery)



YOUR SURGEON: _____ Office phone: _____

Dressings: You may remove your dressings and shower 48 hours after surgery. You may then leave your incisions open to air. Do not remove the steri strips, they will be removed at your postop visit with your surgeon. However, it is OK if they fall off on their own before your visit.

Diet: Start with a bland diet and advance to your usual diet as tolerated. Avoid foods high in fat for the first week as they may make you nauseous/crampy. Keep well hydrated.

Activity: Avoid strenuous activity and lifting more than 10 lbs (a gallon of milk) until your postoperative visit with your surgeon. You are encouraged to walk and to go up and down stairs. You will discuss return to work and normal activities at your postoperative visit.

Bowel function: If taking narcotics, you may develop constipation after surgery. You may take over the counter stool softeners such as bisacodyl (Colace) or senna (Senokot) to help keep stool soft. You may also notice loose stool, this is normal after gallbladder removal and will resolve on its own.

Medications: Resume all of your usual home medications. (see below for blood thinner instructions, if applicable)

Pain management: Some discomfort after surgery is normal and expected but severe pain can slow healing and lead to complications. Stretching and light activity will help with the muscle pain from laparoscopic surgery. You may take the following medications to help with pain management if needed. Do not consume any alcohol while you are taking pain medication after surgery.

****You should take the following medication(s) around the clock after surgery until you no longer need any narcotic pain medication. At that time, you can begin to skip or spread out the doses.**

Tylenol 1000mg every 8 hours

Ibuprofen 600 mg every 6 hours or naproxen 220mg every 12 hours (take with food to avoid upset stomach)

****You should take the following medication only for breakthrough pain after taking the medications above. You should wean these medications off first.**

Oxycodone 5 to 10mg every 4-6 hours for breakthrough pain only if needed.

Hydrocodone 5 to 10mg every 4-6 hours for breakthrough pain only if needed.

Dilaudid 2 to 4mg every 4-6 hours for breakthrough pain only if needed.

Please refer to your Managing Acute Pain pamphlet for information regarding disposal of any leftover narcotics.

Anticoagulants/Blood Thinners:

You take a blood thinning medication called: _____ You may resume taking this medication on _____ per Dr. _____ (attending surgeon).

Not applicable.

Hypernatremia:

Your blood sugar was noted to be elevated during your surgical visit at _____ (glucose). Please discuss this finding with your primary care doctor.

Not applicable.

Follow up:

Please call your surgeon's office immediately to schedule a follow up appointment for 1-2 weeks.

Your follow up appointment is scheduled on _____ (date/time) at _____ (place).

When to call: Please call your surgeon's office if you develop fever >101F, severe or worsening abdominal pain, persistent nausea/vomiting, shortness of breath/difficulty breathing, chest pain, leg swelling, yellow discoloration of your eyes/skin or you feel that your condition is worsening rather than improving. If you experience a medical emergency, dial 911 for immediate help and then notify your surgeon's office.

Further instructions:

PDMP checked? Yes No Narcotic script provided? Yes No

MD signature _____ MD print name _____ Time _____ Date _____

Patient signature _____ Patient print name _____ Time _____ Date _____

Abington Jefferson Health. LAPAROSCOPIC CHOLECYSTECTOMY DISCHARGE INSTRUCTIONS

Abington Jefferson Health. LAPAROSCOPIC CHOLECYSTECTOMY DISCHARGE INSTRUCTIONS

Post Intervention

Since this project, patients who underwent same day surgeries (laparoscopic cholecystectomy and partial mastectomy) have received the updated discharge instructions. Standardized discharge instructions have expanded to also include laparoscopic hernia repair and diagnostic/therapeutic angiography/angioplasty.

Conclusion

Introduction of the standardized forms increased resident knowledge of same-day surgical discharge instructions and created a more comprehensive discussions of post-operative medication instructions and PDMP checking, overall improving patient safety. We are in the process of analyzing post-intervention data in order to expand this project to all same-day surgeries.