Rainy Lake MEDICAL CENTER
In association with SMDC Health System

General Discharge Orders

Original Date	04/2008	Revision Date		Withdrawn Date	

Diagnosis: Primary: _____

Secondary: _____

Allergies: □ NKDA Other _____

_____

Condition: □ Good □ Fair □ Poor

Diet: □ Diabetic Calories_____ □ Cardiac □ Regular □ Other _____

Activity: □ Bed rest □ Modified Bed rest □ As tolerated □ No limitations □Other_____

Oxygen: @ _____ via_____ to keep saturation > _____% Home 02_____

Home Health referral: □ Yes □ No AccuChecks: □ AC & HS □ Daily □ Other _____

Follow up:
□ Primary Care Physician_____ When_____
□ Laboratory Tests_____ When_____
□ Radiology _____ When_____
□ Referral_____ When_____
□ Keep scheduled appointments □ RLMC to schedule appointments

Discharge instructions: _____

_____

_____

□ Stop Smoking

Medications: □ See Medication Reconciliation
Other: _____
_____

_____ ____/____/____ _____:_____
Physician Signature Date Time

PATIENT STICKER