

DISCHARGE INSTRUCTION SHEET

Date: _____ Time: _____ Physician: _____

DISCHARGE DIAGNOSIS _____

DISCHARGE DIET _____

-
- Instructions Given (including fluid restriction if applicable)
-
-
- Verbalizes understanding

ACTIVITY:

-
- Activity as Tolerated
-
-
- Limitations _____
-
- Shower _____
-
-
- May return to work on _____
-
-
- Return to driving after (Date) _____
-
-
- Additional instructions _____

FOLLOW UP CARE: CALL FOR APPOINTMENT WITHIN 1 WEEK UNLESS OTHERWISE INDICATED

 Doctor _____ Specialty _____ Phone # _____ When _____
 Doctor _____ Specialty _____ Phone # _____ When _____
 Doctor _____ Specialty _____ Phone # _____ When _____
 Doctor _____ Specialty _____ Phone # _____ When _____

 Symptom management discussed with Patient: (eg. pain, nausea, dyspnea, fever, etc.) YES NO, Explain _____

 Stroke Rehab Referral Yes No

 Cardiac Rehab Referral: Yes No (Generate referral to CCF physiologist)

 Pulmonary Rehab Referral: Yes No

 If anticoagulation follow up monitoring recommended Yes No, Explain below

 Smoking Cessation Education Provided: Yes No: Explain _____

REFER TO MEDICATION RECONCILIATION SHEET FOR HOME MEDICATION LIST

 Medication Reconciliation Form Reviewed: YES (may add medications to the list for discharge)

Did the patient have the following Diagnosis:

ACUTE MI or CABG or HEART FAILURE <input type="checkbox"/>	STROKE <input type="checkbox"/>
Aspirin prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____	If ischemic stroke or TIA antithrombotic prescribed: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> ASA <input type="checkbox"/> Coumadin <input type="checkbox"/> Plavix <input type="checkbox"/> Aggrenox <input type="checkbox"/> Other _____
Beta-blocker prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Atenolol <input type="checkbox"/> Coreg <input type="checkbox"/> Lopressor <input type="checkbox"/> Sotalol <input type="checkbox"/> Tenormin <input type="checkbox"/> Toprol <input type="checkbox"/> Other _____	If atrial fibrillation, anticoagulant therapy prescribed: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Heparin <input type="checkbox"/> Coumadin <input type="checkbox"/> Lovenox <input type="checkbox"/> Other _____
Lipid-lowering agent/"Statin" prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Caduet <input type="checkbox"/> Crestor <input type="checkbox"/> Lipitor <input type="checkbox"/> Lovastatin <input type="checkbox"/> Pravachol <input type="checkbox"/> Simvastatin <input type="checkbox"/> Tricor <input type="checkbox"/> Vytorin <input type="checkbox"/> Zetia <input type="checkbox"/> Zocor <input type="checkbox"/> Other _____ Follow up with physician for labs	Lipid-lowering agent/"Statin" prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Caduet <input type="checkbox"/> Crestor <input type="checkbox"/> Lipitor <input type="checkbox"/> Lovastatin <input type="checkbox"/> Pravachol <input type="checkbox"/> Simvastatin <input type="checkbox"/> Tricor <input type="checkbox"/> Vytorin <input type="checkbox"/> Zetia <input type="checkbox"/> Zocor <input type="checkbox"/> Other _____
ACE inhibitor prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Altace <input type="checkbox"/> Enalapril <input type="checkbox"/> Lisinopril <input type="checkbox"/> Lotrel <input type="checkbox"/> Monopril <input type="checkbox"/> Vasotec <input type="checkbox"/> Zestril <input type="checkbox"/> Other _____	Stroke education provided: <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____
ARB prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Ataoand <input type="checkbox"/> Avapro <input type="checkbox"/> Cozaar <input type="checkbox"/> Diovan <input type="checkbox"/> Hyzaar <input type="checkbox"/> Other _____	
Antiplatelet prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Plavix <input type="checkbox"/> Ticlid <input type="checkbox"/> Other _____	

Physician Signature: _____ Patient Signature: _____



FOOD AND DRUG INTERACTIONS

DRUG	DRUG / FOOD INTERACTION	DIRECTIONS FOR USE
ANTIBIOTICS		
Penicillin, Ampicillin	<ol style="list-style-type: none"> Absorption is impaired when taken with food Acidic fruit juices or carbonated beverages can inactivate drug. 	<ol style="list-style-type: none"> Take on an empty stomach, one hour before meals or two hours after meals. Take each dose with a full glass of water, not fruit juices or carbonated beverages.
Tetracycline (<i>Acromycin, Semycin</i>)	Absorption is impaired when taken with food and dairy products.	<ol style="list-style-type: none"> Take on an empty stomach, one hour before meals or two hours after meals. Take each dose with a full glass of water, not milk or other dairy products.
Erythromycin Base Erythromycin Sterate	Absorption may be impaired in the presence of food.	Preferably take on an empty stomach, one hour before or two hours after meals. If stomach upset occurs, may be taken with food.
Metronidazole (<i>Flagyl</i>)	If taken with alcoholic beverages may cause headache, nausea, vomiting, flushing and abdominal cramps.	Avoid alcoholic beverages when taking this medication.
Norfloxacin (<i>Noroxin</i>)	Absorption is impaired in the presence of food.	Take on an empty stomach, one hour before meals or two hours after meals.
ANTICOAGULANTS		
Warfarin (<i>Comadin</i>)	<ol style="list-style-type: none"> Effectiveness may be reduced by large amounts of food high in vitamin K. Alcoholic beverages may change the effects of the drug in your body and lead to potential adverse effects. 	<ol style="list-style-type: none"> Consume foods high in vitamin K in moderation only. (e.g., leafy green vegetables such as spinach and lettuce; cabbage, cauliflower, broccoli) Avoid vitamin products containing vitamin K. Avoid alcoholic beverages while taking this medication.
CARDIOVASCULAR DRUGS		
Propranolol (<i>Inderal</i>) Hydralazine (<i>Apresoline</i>) Metoprolol (<i>Lopressor</i>)	Ingestion with food enhances absorption.	Take with food
Captopril (<i>Capoten</i>)	Absorption is impaired when taken with food.	Take on an empty stomach, one hour before or two hours after meals.
Dipyridamole (<i>Persantine</i>)	Absorption may be impaired in the presence of food.	Take one hour before meals with a full glass of water.
DIURETICS		
Chlorothiazide (<i>Diuril</i>) Ethacrynic Acid (<i>Edecrin</i>) Hydrochlorothiazide (<i>Hydrodiuril</i>) Furosemide (<i>Lasix</i>) Chlorthalidone (<i>Hygroton</i>) Metolazone (<i>Diulo, Zanoxolyn</i>) Bumetanide (<i>Bumex</i>)	May cause potassium loss, resulting in muscle weakness and cramping.	Take with food rich in potassium: oranges, bananas, apricots, sweet potatoes, spinach, potatoes.
Dyazide Maxzide Spironolactone (<i>Aldactone</i>) Amiloride (<i>Midamor</i>) Triamterene (<i>Dyrenium</i>)	May cause potassium retention.	Avoid large quantities of potassium rich foods, unless otherwise directed by your physician.
DIABETIC AGENTS		
Chlorpropamide (<i>Diabinese</i>) Tolbutamide (<i>Orinase</i>) Acetohexamide (<i>Dynelov</i>) Tolazamide (<i>Tolinase</i>)	Consumption of alcoholic beverages and alcohol containing products may cause headache, nausea, vomiting, flushing and abdominal cramps.	Avoid alcoholic beverages and alcohol-containing products when taking these medications.
Glipizide (<i>Glucotrol</i>) Glyburide (<i>Diabeta, Micronase</i>)	Rarely causes above interaction.	Discuss the use of alcohol with your physician.
MISCELLANEOUS		
Theophylline, Aminophylline	<ol style="list-style-type: none"> Side effects (e.g., jitteriness, rapid heart) are increased by caffeine containing foods, such as coffee, cocoa, cola High-fat meals may cause too-rapid absorption of large once-daily doses of Theo-24 and lead to potential adverse effects. 	<ol style="list-style-type: none"> Avoid foods and beverages containing caffeine. If taking large doses (900 mg. or more) of Theo-24, avoid eating a high-fat content meal or take the medication at least one hour before eating.
Sulcralfate (<i>Carafate</i>)	Effectiveness is decreased when administered with food.	Take on an empty stomach at least one hour before or two hours after a meal.
Levodopa (<i>Levodopa, Dopar</i>) Levodopa / Carbidopa (<i>Sinemet</i>) FOR LEVODOPA ONLY (NOT SINEMET)	<ol style="list-style-type: none"> High protein meals may interfere with absorption of levodopa. Pyridoxine (vitamin B6) interferes with the effects of levodopa. 	<ol style="list-style-type: none"> Avoid eating large amounts of protein at or around the time of taking medication. Avoid vitamin products containing pyridoxine (vitamin B6).
Lovastatin (<i>Mevacor</i>)	Ingestion with food enhances absorption.	Take with food, if taking one daily dose, take with evening meal.
Monoamine Oxidase Inhibitors	Dangerous, potentially fatal interactions can occur with foods containing high amounts of tyramine (can cause severe increases in blood pressure).	<ol style="list-style-type: none"> Avoid eating foods high in tyramine: hard cheeses (especially strong aged varieties), sour cream, yogurt, pickled herring, salami, pepperoni, liver, ripe avocados, and bananas, raisins, canned figs, beer, sherry, wine (especially Chianti), meat tenderizers, yeast extract, soy sauce. Also avoid caffeine containing foods and beverages: coffee, tea, cola, chocolate.
Isocarboxazid (<i>Murplan</i>) Therelizine (<i>Nardil</i>) Tranylcypromine (<i>Parnate</i>)		
Isoniazid (<i>INH</i>) Procarbazine (<i>Matulane</i>) Pargyline (<i>Eutonil</i>)	As above, these medications may act like monoamine oxidase.	