

DISCHARGE TIME-OUT

Did/Could this patient have had?

An MI (elevated Trooping or CK), PCI, or CABG?

		Yes	NO
If so, is there a discharge order for:	ASA	<input type="checkbox"/>	<input type="checkbox"/>
	Beta Blocker	<input type="checkbox"/>	<input type="checkbox"/>
	Statin	<input type="checkbox"/>	<input type="checkbox"/>
	ACE/ARB	<input type="checkbox"/>	<input type="checkbox"/>
	Plavix	<input type="checkbox"/>	<input type="checkbox"/>
	Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>
	Cardiac Rehab	<input type="checkbox"/>	<input type="checkbox"/>
	Has an EF been assessed and documented?	<input type="checkbox"/>	<input type="checkbox"/>

For all "no" answers contact primary MD If a specific reason is not documented

CHF, Elevated BNP, Pulmonary Edema, Biventricular Device Placed

	Yes	NO	
If so, is there a discharge order for:			
	ACE/ARB for EF <40%	<input type="checkbox"/>	<input type="checkbox"/>
	Beta Blocker for EF < 40%	<input type="checkbox"/>	<input type="checkbox"/>
	Has an EF been assessed and documented?	<input type="checkbox"/>	<input type="checkbox"/>
	Discharge Instructions Given (weight, symptoms mgt, diet, activity, meds, f/u)	<input type="checkbox"/>	<input type="checkbox"/>
	Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>

For all "no" answers contact primary MD If a specific reason is not documented

Pneumonia

	Yes	NO	
If so, is there an order for:			
	Pneumococcal/Influenza Vaccine administered	<input type="checkbox"/>	<input type="checkbox"/>
	Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>

For all "no" answers contact primary MD If a specific reason is not documented

Documentation that the time-out has occurred should be noted in the multidisciplinary progress note: "Time-out for core measures completed"

"Time-out for core measures not met, MD notified"

"Time-out for core measures not applicable"