Step 1 – Launch the **Post-Op Discharge** navigator (icon is accessible from Post-Op Navigator and from most Status Boards).

Basically you should march through this navigator.

Assuming you are not prescribing any new outpatient medications, the key steps are Discharge Orders (reconciliation), completing additional patient instructions, and confirming the AVS is what you want.

The discharging nurse should print out the AVS and go over it with the patient or guardian.

Let’s walk though one step at a time.
This is the Discharge Orders section. First you should reconcile existing orders carefully. You will be asked to write orders from an orderset. Note that under suggestions you will see (in this case) the Adult Day of Discharge Orders. Complete these orders. When done, choose sign.

There are two ways to add instructions to the AVS.

First is via “Patient Instructions.” Here you can type out instructions or use pre-made text.

We have two older documents with discharge instructions for anesthesia.

In the smart text look up window, type in ANE Adult or ANE Ped to find adult or pediatric instructions respectively.

This text will be automatically added to the text window.
You can then edit the instructions if needed.

A second way to add text to the AVS is to add complete documentes as attachements.

In Patient Instructions, go to References/Attachments: “Go to References/Attachments.”

From this screen you can choose a pre-made document. Note that there are several under “Anesthesia,” but the Adult Post-Anesthesia document is actually under “Y” for “Your Adult Post-Anesthesia Experience.”
Finally, you need to review the AVS

Note that in my example, but the Ane Adult Home instructions were included as well as the attached document.

In general, anesthesiologists should not have to do this workflow often. If there is a proceduralist involved (surgeon, endoscopist, interventional radiologist, dentist, etc), then they should do this process. If the patient is an inpatient, then they should be sent back to their ward/unit, where the primary team should complete discharge.