

**Section R: DISCHARGE**

*Section Intent:* This section is completed only if the patient has survived the hospitalization and is discharged from the acute care setting at which the surgical procedure was performed. These lists include the more common category drugs, but are not meant to be an all inclusive list. Please refer to your Institutional Pharmacy Formulary for specific pharmacological products used at individual sites.

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
Regarding Sequence # 3090-3180		<b>The intent of the discharge medication fields is to capture medications that are ordered for the patient to start or to continue taking immediately after discharge. Medications ordered at discharge without exceptions, should be captured as discharge medications.</b>		Discharge instruction sheet Discharge summary Medication administration record Transfer summary
3090	ADP Inhibitors-Discharge	Indicate whether or not the patient was discharged from facility on ADP Inhibitors, or if it was contraindicated or not indicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, or physician assistant.  Select one:  -Yes  -No	These medications inhibit adenosine diphosphate (ADP) induced platelet aggregation (clotting). Often used to treat patients with a history of atherosclerotic cardiovascular disease to potentially reduce the incidence of major cardiovascular events (stroke, peripheral arterial disease, etc.).  <b>Brand/Trade Name</b>  Plavix Ticlid  <b>Generic Name</b>  Clopidogrel Ticlopidine  Discharged on ADP Inhibitors at discharge  Not prescribed ADP Inhibitors at discharge, no reason documented	Discharge instruction sheet Discharge summary Medication administration record Physician progress notes Transfer summary

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3090 (continued)	ADP Inhibitors-Discharge	-Contraindicated/Not Indicated	<b>Documented evidence of a contraindication:</b> For each medication, check if the medication was not administered or ordered according to the data specification timeframe as documented anywhere in the medical record. If a contraindication is documented explicitly as excluded for medical reasons, or is evidenced clearly within the medical record (notation of a medication allergy prior to arrival), check "Contraindication." Otherwise, do not check "Contraindication."	
3100	Antiarrhythmics-Discharge	Indicate whether or not the patient was discharged from facility on antiarrhythmics, or if it was contraindicated or not indicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, or physician assistant.  Select one:  -Yes  -No  -Contraindicated/Not Indicated	Seq # 3100 is the parent field to Seq # 3110. Drug selection is based on the underlying arrhythmia, side effects and presence of other system disease processes.  <b>Note:</b> See Antiarrhythmic Table for a listing of the medications on page 4. This table is not meant to be all inclusive.  Discharged on antiarrhythmics at discharge  Not prescribed antiarrhythmics at discharge, no reason documented  <b>Documented evidence of contraindication:</b> For each medication, check if the medication was not administered or ordered according to the data specification timeframe as documented anywhere in the medical record. If a contraindication is documented explicitly as excluded for medical reasons, or is evidenced clearly within the medical record (notation of a medication allergy prior to arrival), check "Contraindication." Otherwise, do not check "Contraindication".	Discharge instruction sheet Discharge summary Medication administration record Physician progress notes Transfer summary

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3100 (continued)	Antiarrhythmics-Discharge		<p>Sotalol (Betapace) is a beta-adrenergic blocking agent and is very (most commonly) often used as an antiarrhythmic agent. Betapace is different than Betapace AF (difference is dose and safety related) and they should not be used interchangeably. It is correct to identify Sotalol (Betapace) as a beta blocker and/or antiarrhythmic. BUT the majority of the time it is used as an antiarrhythmic. Data managers will need to abstract from the chart the reason for which the Sotalol (Betapace) was given and code appropriately:</p> <ol style="list-style-type: none"> <li>1. Antiarrhythmic <b>or</b> beta blocker</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>2. Antiarrhythmic <b>and</b> beta blocker</li> </ol> <p>Sotalol/Betapace is identified as both an antiarrhythmic and a beta blocker in the Training Manual: If it can be abstracted from the patient record that the patient was placed on Sotolol for both antiarrhymic and beta blockade purposes, then both antiarrhythmic and beta blocker fields should be coded as “Yes.”</p>	

### Antiarrhythmic Table

BRAND NAME	GENERIC NAME
<b>ANTIARRHYTHMICS</b>	
Pacerone/Cordarone	Amiodarone/Amiodarone HCL
<b>Other: Group I</b>	<b>Other: Group I</b>
Mexitil	Mexiletine
Norpace/Norpace CR	Disopyramide
Pronestyl, Porcanbid, Pronestyl SR, Procanbid CR	Procainamide
Quinidex	Quinidine
Rythmol, Rythmol SR	Propafenone
Tambocor	Flecainide
Tonocard	Tocainide
<b>Other: Group II</b>	<b>Other: Group II</b>
Inderal, Inderal LA, Innopran XL	Propranolol
Sectral	Acebutolol
<b>Other: Group III</b>	<b>Other: Group III</b>
Betapace/Betapace AF	Sotalol
Tikosyn	Dofetilide
<b>Other: Group IV</b>	<b>Other: Group IV</b>
Calan, Covera-HS, Isoptin, Verelan	Verapamil
Cardizem, Tiazac	Diltiazem
<b>Other</b>	<b>Other</b>
Lanoxin	Digoxin

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3110	Antiarrhythmics- Discharge- Medication Name	Indicate the name of the antiarrhythmic medication the patient was on when discharged from the facility.  -Amiodarone  -Other	<b>Note:</b> See the Antiarrhythmic Table on the previous page. This list may or may not be all inclusive of market approved antiarrhythmic agents. Pre-market or investigational drugs are not included.	Discharge instruction sheet Discharge summary Medication administration record Physician progress notes Transfer summary

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3120	Aspirin-Discharge	<p>Indicate whether or not the patient was discharged from facility on aspirin, or if it was contraindicated or not indicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, or physician assistant.</p> <p>Select one:</p> <p>-Yes</p> <p>-No</p> <p>-Contraindicated/Not Indicated</p>	<p>Includes enteric coated and/or baby aspirin. Aspirin acts to increase the blood viscosity and inhibits the clotting of platelets.</p> <p><b>Note:</b> See the Aspirin Table for a listing of the medications on the next page. This medication table is not meant to be all-inclusive.</p> <p>Discharged on Aspirin at discharge</p> <p>Not prescribed Aspirin at discharge, no reason documented</p> <p><b>Documented evidence of contraindication:</b> For each medication, check if the medication was not administered or ordered according to the data specification timeframe as documented anywhere in the medical record. If a contraindication is documented explicitly as - excluded for medical reasons, or is evidenced clearly within the medical record (notation of a medication allergy prior to arrival), check "Contraindication." Otherwise, do not check "Contraindication".</p>	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Medication administration record</p> <p>Physician progress notes</p> <p>Transfer summary</p>

### Aspirin Table

BRAND NAME	GENERIC NAME
<b>ASPIRIN</b>	
Easprin Ecotrin Empirin Genprin Halfprin Zorprin	Aspirin (Acetylsalicylic Acid)
Adprin-B Alka-Seltzer with Aspirin Ascription Ascriptin A/D Asprimox Bufferin Buffex Cama Magnaprin	Aspirin Buffered
Arthropan	Choline Salicylate
Magan Mobidin Nuprin Backache	Magnesium Salicylate
Amigesic Disalcid Salflex	Salsalte
<b>SALICYLATE COMBINATIONS</b>	
Choline Magnesium Trisalicylate	Choline Salicylate-MG Salicylate
Trilisate	

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3130	Ace or ARB Inhibitors-Discharge	<p>Indicate whether or not the patient was discharged from facility on ACE Inhibitors or ARBs, or if they were contraindicated or not indicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, or physician assistant.</p> <p>Select one:</p> <p>-Yes</p> <p>-No</p> <p>-Contraindicated/Not Indicated</p>	<p>Primary use is for the treatment of hypertension but is also an essential treatment for congestive heart failure (reduces the workload of the heart).</p> <p>ACE-I = Angiotensin Converting Enzyme Inhibitor</p> <p>ARB =Angiotensin II Receptor Blocker</p> <p>Action is to dilate blood vessels to improve the amount of blood the heart is able to pump and thereby reducing the workload on the heart.</p> <p><b>Note:</b> See the ACE Inhibitor/ARB Table for a listing of the medications on the next two pages. These medication tables are not meant to be all inclusive.</p> <p>Discharged on ACE Inhibitor or ARB at discharge</p> <p>Not prescribed ACE Inhibitor-or ARB at discharge, no reason documented</p> <p><b>Documented evidence of contraindication:</b> For each medication, check if the medication was not administered or ordered according to the data specification timeframe as documented anywhere in the medical record. If a contraindication is documented explicitly as - excluded for medical reasons, or is evidenced clearly within the medical record (notation of a medication allergy prior to arrival), check "Contraindication." Otherwise, do not check "Contraindication".</p>	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Medication administration record</p> <p>Physician progress notes</p> <p>Transfer summary</p>

### Ace Inhibitor/ARB Table

BRAND NAME	GENERIC NAME
<b>ACE INHIBITOR</b>	
Accupril	Quinapril
Aceon	Perindorpil
Altace	Ramipril
Capoten	Captopril
Lotensin	Benazepril
Mavik	Trandolapril
Monopril	Fosinopril
Univasc	Moexipril
Vasotec	Enalapril
Prinivil	Lisinopril
Zestril	
<b>ACE INHIBITOR – COMBINATION</b>	
Accuretic	Quinapril-HCT
Capozide	Captopril-HCT
Lexxel	Enalapril-Felodipine
Lotensin HCT	Benazepril-HCT
Lotrel	Benazepril-Amlodipine
Monopril HCT	Fosinopril-HCT
Prinizide, Zestoretic	Lisinopril-HCT
Tarka	Trandolapril-Verapamil
Uniretic	Moexipril-HCT
Vasoteretic	Enalapril-HCT
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>	
Atacand	Candesartan
Tevetan	Eprosartan
Avapro	Irbesartan
Cozaar	Losartan
Benicar	Olmesartan
Micardis	Telmisartan
Diovan	Valsartan

**Ace Inhibitor/ARB Table** *(continued)*

<b>BRAND NAME</b>	<b>GENERIC NAME</b>
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) COMBINATIONS</b>	
Atacand HCT	Candesartan - Hydrochlorothiazide
Tevetan HCT	Eprosartan - Hydrochlorothiazide
Avalide	Irbesartan - Hydrochlorothiazide
Hyzaar	Losartan - Hydrochlorothiazide
Benicar HCT	Olmesartan - Hydrochlorothiazide
Micardis HCT	Telmisartan - Hydrochlorothiazide
Diovan HCT	Valsartan - Hydrochlorothiazide

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3140	Beta Blockers-Discharge	<p>Indicate whether or not the patient was discharged on beta blockers, or if a beta blocker was contraindicated or not indicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, or physician assistant.</p> <p>Select one:</p> <p>-Yes</p> <p>-No</p> <p>-Contraindicated/Not Indicated</p>	<p>The primary action of beta blockers is their cardiac effects. Its pharmacological effect is to increase contractility of the heart muscle, reduce heart rate. Beta blockers have been proven to increase survival of cardiac patients.</p> <p>Used for the treatment of high blood pressure, treating chest pain or angina, controlling irregular heart rhythms, slowing ventricular rate response and for the treatment of congestive heart failure.</p> <p>“Preoperative beta blocker use and mortality and morbidity following CABG surgery in North America.” Ferguson TB Jr, Coombs LP, Peterson ED; The Society of Thoracic Surgeons National Adult Cardiac Surgery Database. JAMA 2002 May 1;287(17):2221-7</p> <p><b>Note:</b> See the Beta Blocker Table for the listing of the medications on page 13. This medication table is not meant to be all inclusive.</p> <p>Discharged on a beta blocker at discharge</p> <p>Not prescribed a beta blocker at discharge, no reason documented</p> <p><b>Documented evidence of contraindication:</b> For each medication, check if the medication was not administered or ordered according to the data specification timeframe as documented anywhere in the medical record. If a contraindication is documented explicitly as excluded for medical reasons, or is evidenced clearly within the medical record (notation of a medication allergy prior to arrival), check “Contraindication.” Otherwise, do not check “Contraindication”.</p>	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Medication administration record</p> <p>Physician progress notes</p> <p>Transfer Summary</p>

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3140 (continued)	Beta Blockers- Discharge		<p>Sotalol (Betapace) is a beta-adrenergic blocking agent and is very (most commonly) often used as an antiarrhythmic agent. Betapace is different than Betapace AF (difference is dose and safety related) and they should not be used interchangeably. It is correct to identify Sotalol (Betapace) as a Beta Blocker and/or antiarrhythmic. BUT the majority of the time it is used as an antiarrhythmic. Data Managers will need to abstract from the chart the reason for which the Sotalol (Betapace) was given and code appropriately:</p> <ol style="list-style-type: none"> <li>1. Antiarrhythmic <b>or</b> beta blocker</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>2. Antiarrhythmic <b>and</b> beta blocker</li> </ol> <p>Sotalol/Betapace is identified as both an antiarrhythmic and a beta blocker in the Training Manual: If it can be abstracted from the patient record that the patient was placed on Sotalol for both antiarrhythmic and beta blockade purposes, then both antiarrhythmic and beta blocker fields should be coded as "Yes."</p>	

### Beta Blocker Table

Brand Name	Generic Name
<b>BETA ADRENERGIC BLOCKERS</b>	
Betapace Betapace AF	Sotalol
Blocadren	Timolol
Brevibloc	Esmolol
Cartrol	Carteolol
Coreg Coreg CR	Carvedilol
Corgard	Nadolol
Inderal Inderal LA Innopran XL	Propranolol
Kerlone	Betaxolol
Levatol	Penbutolol
Lopressor Toprol XL	Metoprolol
Sectral	Acebutolol
Tenormin	Atenolol
Trandate Normodyne	Labetalol
Visken	Pindolol
Zebeta	Bisoprolol
<b>BETA BLOCKERS-COMBINATION PRODUCTS</b>	
Corzide	Nadolol-Bendroflumethiazide
Inderide	Propranolol-HCT
Tenoretic	Atenolol-Chlorthalidone
Ziac	Bisoprolol-HTC

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3150	Lipid Lowering-Discharge	<p>Indicate whether or not the patient was discharged on a statin or lipid lowering medication, or if it was contraindicated or not indicated. The contraindication must be documented in the medical record by a physician, nurse practitioner, or physician assistant.</p> <p>Select one:</p> <p>-Yes</p> <p>-No</p> <p>-Contraindicated/Not Indicated</p>	<p>Lipid lowering medications block the production of cholesterol and fat. Depending upon the specific medication, each may target unique levels such as HDL (good cholesterol), LDL (bad cholesterol) and triglycerides or polipoprotein B (protein needed to produce cholesterol). They may also reduce the absorption of dietary cholesterol by combining with the cholesterol to remove it from the bloodstream.</p> <p><b>Note:</b> See the Antihyperlipidemic Agent Table for a listing of the medications on the next page. This table is not meant to be all inclusive.</p> <p>Discharged on a statin or lipid lowering medication at discharge</p> <p>Not prescribed a statin or lipid lowering medication at discharge, no reason documented</p> <p><b>Documented evidence of contraindication:</b> For each medication, check if the medication was not administered or ordered according to the data specification timeframe as documented anywhere in the medical record. If a contraindication is documented explicitly as excluded for medical reasons, or is evidenced clearly within the medical record (notation of a medication allergy prior to arrival), check "Contraindication." Otherwise, do not check "Contraindication".</p>	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Medication administration record</p> <p>Physician progress notes</p> <p>Transfer summary</p>

**ANTIHYPERLIPIDEMIC AGENT TABLE**

<b>BRAND NAME</b>	<b>GENERIC NAME</b>
<b>HMG-CoA REDUCTASE INHIBITORS - STATINS*</b>	
Altoprev Mevacor	Lovastatin
Crestor	Rosuvastatin
Lescol Lescol XL	Fluvastatin
Lipitor	Atorvastatin
Pravachol	Pravastatin
Zocor	Simvastatin
<b>HMG-COA REDUCTASE INHIBITOR COMBINATIONS STATIN COMBINATIONS*</b>	
Advicor	Lovastatin-Niacin
Caduet	Atorvastatin-Amlodipine
Vytorin	Simvastatin and Ezetimibe
<b>FIBRIC ACID DERIVATIVES - NON-STATIN</b>	
Antara Lofibra Tricor Triglide	Fenofibrate
Lopid	Gemfibrozil
<b>BILE ACID SEQUESTRANTS</b>	
Colestid	Colestipol
Prevalite Questran Questran Light	Cholestyramine
Welchol	Colesevelam
Colestid	Colestipol
<b>OTHER</b>	
Niacor Niaspan	Niacin (Nicotinic Acid)
Zetia	Ezetimibe

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document				
3160	Lipid Lowering-Discharge-Medication Type	<p>Indicate the type of lipid-lowering medication the patient was on when discharged from the facility.</p> <p>-Statin</p> <p>-Non-statin</p> <p>-Both</p>	<p>The “statin” drugs have powerful lipid-lowering properties.).</p> <p><b>Note:</b> See the Antihyperlipidemic Agent Table for a listing of the medications on the previous page. This table is not meant to be all inclusive.</p> <p>Medications with (*) indicate a “statin” drug.</p>	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Medication administration record</p> <p>Physician progress notes</p> <p>Transfer summary</p>				
3180	Coumadin-Discharge	<p>Indicate whether the patient was discharged from the facility on Coumadin, or if it was contraindicated or not indicated.</p> <p>Select one:</p> <p>-Yes</p> <p>-No</p> <p>-Contraindicated/Not Indicated</p>	<p>The primary action of Coumadin/Warfarin is to prevent or delay blood coagulation.</p> <table border="0"> <tr> <td><b>Brand/Trade Name</b></td> <td><b>Generic Name</b></td> </tr> <tr> <td>Coumadin</td> <td>Warfarin</td> </tr> </table> <p>Discharged on Coumadin at discharge</p> <p>Not prescribed Coumadin at discharge, no reason documented</p> <p><b>Documented evidence of contraindication:</b> For each medication, check if the medication was not administered or ordered according to the data specification timeframe as documented anywhere in the medical record. If a contraindication is documented explicitly as excluded for medical reasons, or is evidenced clearly within the medical record (notation of a medication allergy prior to arrival), check “Contraindication.” Otherwise, do not check “Contraindication”.</p>	<b>Brand/Trade Name</b>	<b>Generic Name</b>	Coumadin	Warfarin	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Medication administration record</p> <p>Physician progress notes</p> <p>Transfer summary</p>
<b>Brand/Trade Name</b>	<b>Generic Name</b>							
Coumadin	Warfarin							

Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3190	Discharge Location	<p>Capture the location to where the patient was discharged.</p> <p>-Home</p> <p>-Extended Care/Transitional Care Unit (TCU)</p> <p>-Other Hospital</p>	<p>Patient discharged to a private home setting</p> <p>Patient discharged to a facility for a short term basis to allow for strength training or continued recovery period and may include a rehabilitation hospital. This may also include a rehabilitation unit contained within the same physical building as the procedure hospitalization, but the patient is discharged from and admitted to this rehabilitation unit.</p> <p><i>Example # 1: A patient is discharged to a nursing home for sub-acute rehabilitation (as opposed to acute nursing home care): The rationale for the move to a facility should be reflected in the type of facility selected. Therefore, maybe your area doesn't have a "rehab" facility but does have rehab capabilities within a "nursing home". In this type of situation, code as an "Extended Care/TCU" and not a nursing home. Look at the reason for transfer, in order to code the not-so-straightforward transfers.</i></p> <p>A patient discharged to another acute care facility, may include an institution that cares for long-term ventilator-dependent patients. Patients often require more skilled care than can be offered at extended care units or general nursing homes.</p>	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Physician progress notes</p> <p>Social service notes</p>



Sequence #	Field Name	Field Name Intent	Field Name Clarification	Source Document
3200	Cardiac Rehabilitation Referral	Capture whether advice was given or discussion conducted with the patient (by physician, nurse, or other personnel) regarding the importance of joining a cardiac rehabilitation program, or an appointment made.	<p>Identify those patients who are referred to continued cardiac reconditioning and rehabilitation. This is a Joint Commission endpoint and is to be documented on every patient.</p> <p><i>Example: A patient refuses to go for cardiac rehabilitation: The intent is to capture patients that receive a referral. The intent is NOT to capture patients that may refuse, never attend, or did not complete a program. If the referral is made, code as "Yes".</i></p> <p>Cardiac rehabilitation programs are many times free standing or external to an acute care setting. Cardiac rehabilitation programs are designed specifically for the patients with cardiac disease who have medical and/or surgical recovery needs.</p> <p>If the patient is clinically, mentally or emotionally inappropriate for a referral, identify as "Not Applicable".</p>	<p>Discharge instruction sheet</p> <p>Discharge summary</p> <p>Physician order sheet</p> <p>Physician progress notes</p> <p>Social service notes</p>
3210	Smoking Cessation Counseling	<p>Identify whether, <b>PRIOR</b> to discharge from the acute care facility, the patient received smoking cessation counseling.</p> <p>Select "Not Applicable" for those patients with no prior history of smoking.</p>	<p>This is a Joint Commission endpoint and it must be documented that either literature and/or counseling was offered and provided to the patient.</p> <p>If the patient is clinically, mentally or emotionally inappropriate for a referral, select "Not Applicable".</p>	<p>Discharge instruction sheet</p> <p>Nursing notes</p> <p>Patient teaching flowsheet</p> <p>Physician progress notes</p>