

COVID-19 - Discharge (3.0)

Order Set Details

Type: Order Set	Version: 3.0
Topic: Corona virus infection	Venue: Ambulatory
Population: Adult	Owner: OrderSet Department
Keywords: covid-19, corona virus, coronavirus	

Clinical Overview Synopses

*ClinicalKey Clinical Overviews provide additional specific guidance for:
Coronavirus: novel coronavirus (COVID-19) infection*

Guidance

Coronavirus (COVID-19), Clinical Overview Synopsis ~

KEY POINTS

- COVID-19 (coronavirus disease 2019) is respiratory tract infection due to a novel coronavirus, SARS-CoV-2 (initially called 2019-nCoV); as of March 11, 2020, extent of infection was declared pandemic by the WHO
- Virus is thought to be zoonotic in origin, but the animal reservoir is not yet known, and human-to-human transmission is widespread
- Infection ranges from asymptomatic to severe; symptoms include fever, cough, and (in moderate to severe cases) dyspnea; disease may evolve over the course of a week or more from mild to severe. Upper respiratory tract symptoms (eg, rhinorrhea, sore throat) are uncommon
- A significant proportion of clinically evident cases are severe; the mortality rate among diagnosed cases is generally about 2% to 3% but varies by country
- Infection should be suspected based on presentation with a clinically compatible history and known or likely exposure (eg, residence in or travel to an affected area within the past 14 days, exposure to a known or suspected case, exposure to a health care setting in which patients with severe respiratory tract infections are managed)
- Chest imaging in symptomatic patients almost always shows abnormal findings, usually including bilateral infiltrates; laboratory findings are variable but typically include lymphopenia and elevated lactate dehydrogenase and transaminase levels
- Diagnosis is confirmed by detection of viral RNA on polymerase chain reaction test of upper or lower respiratory tract specimens or serum specimens

- There is no specific antiviral therapy, although compassionate use and trial protocols for several agents are underway; treatment is largely supportive, consisting of supplemental oxygen and conservative fluid administration
- Most common complications are acute respiratory distress syndrome and septic shock; myocardial, renal, and multiorgan failure have been reported
- There is no vaccine available to prevent this infection; infection control measures are the mainstay of prevention (ie, hand and cough hygiene; physical distancing; standard, contact, and airborne precautions in health care)

URGENT ACTION

- Triage screening is recommended at registration for medical care to identify patients with symptoms and exposure history that suggest the possibility of COVID-19, and to promptly institute isolation measures
- Patients with respiratory distress require prompt administration of supplemental oxygen; patients with respiratory failure require intubation
- Patients in shock require urgent fluid resuscitation and administration of empiric antimicrobial therapy to cover possible bacterial pathogens and/or influenza

PITFALLS

- It is probable that persons with prodromal or asymptomatic infection may spread infection, making effective prevention more challenging; regardless, physical distancing is vital to slowing transmission enough to avoid overwhelming health systems
- Knowledge of this disease is incomplete and evolving; moreover, coronaviruses are known to mutate and recombine often, presenting an ongoing challenge to our understanding and to clinical management

ClinicalKey. (2020). *Coronavirus: novel coronavirus (COVID-19) infection*. [Source](#)

Published By: Elsevier

Discharge

Guidance

Discontinuation of Isolation, COVID-19 ~

CDC offers several strategies depending on whether the patient was symptomatic *at any time* or was asymptomatic *throughout*. These apply to patients who were cared for in hospital or at home. Note that if patients are discharged from hospital before they meet these criteria, appropriate precautions must be maintained in the setting to which they are discharged (eg, other healthcare facility or home)

In symptomatic patients, precautions should be maintained until the following conditions are met:

- Symptom-based
 - Subjective and objective evidence of improvement in respiratory symptoms and absence of fever without use of antipyretic medication for 72 hours, *and*
 - At least 10 days since onset of symptoms
- Test-based

- Subjective and objective evidence of clinical improvement, including absence of fever without use of antipyretic medication, *and*
- Demonstration of negative results of molecular assays for SARS-CoV-2 RNA on 2 consecutive respiratory specimens obtained at least 24 hours apart (a single specimen suffices for each test)

In asymptomatic patients precautions should be maintained until the following conditions are met:

- Time-based
 - At least 10 days since first positive COVID-19 molecular test result was obtained
- Test-based
 - Demonstration of negative results of molecular assays for SARS-CoV-2 RNA on 2 consecutive respiratory specimens obtained at least 24 hours apart (a single specimen suffices for each test)

ClinicalKey. (2020). *Coronavirus: novel coronavirus (COVID-19) infection*. [Source](#)

Published By: Elsevier

Discharge to Home
Discharge to Long Term Acute Care
Discharge to Rehab
Discharge to Skilled facility

Vital Signs and Monitors

Monitoring

Temperature 2 times a day

Guidance

At Home Monitoring, COVID-19 ~

Patients who do not require admission should self-monitor temperature and symptoms, and they should return for reevaluation if symptoms worsen; deterioration may occur a week or more into the course of illness

ClinicalKey. (2020). *Coronavirus: novel coronavirus (COVID-19) infection*. [Source](#)

Published By: Elsevier

Activity

Up ad lib
Ambulate with assistance
Bed rest

General Care

Patient Education

Guidance

At Home Monitoring, COVID-19 ~

Patients who do not require admission should self-monitor temperature and symptoms, and they should return for reevaluation if symptoms worsen; deterioration may occur a week or more into the course of illness

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Published By: Elsevier

Patients Managed at Home, COVID-19 ~

Patient is encouraged to stay at home except to seek medical care, to self-isolate to a single area of the house (preferably with a separate bathroom), to practice good hand and cough hygiene, and to wear a cloth face cover during any contact with household members

- Patients should be advised that if a need for medical care develops, they should call their health care provider in advance so that proper isolation measures can be undertaken promptly on their arrival at the health care setting

Household members/caregivers should:

- Ideally, wear face mask, gown, and gloves when caring for patient, and remove and discard all when leaving the room (do not reuse); however, if some of these supplies are absent, wear cloth face cover and scrupulously wash hands and laundry
 - Dispose of disposable items in a container lined with a trash bag that can be removed and tied off or sealed before disposal in household trash
- Wash hands for at least 20 seconds after all contact; an alcohol-based hand sanitizer is acceptable if soap and water are not available
- Not share personal items such as towels, dishes, or utensils before proper cleaning
- Wash laundry and high-touch surfaces frequently
 - Wear disposable gloves to handle dirty laundry and use highest possible temperatures for washing and drying, based on washing instructions on the items
 - Clean surfaces with diluted bleach solution or an EPA-approved disinfectant
- Restrict contact to minimum number of caregivers and, in particular, ensure that persons with underlying medical conditions are not exposed to the patient

ClinicalKey. (2020). *Coronavirus: novel coronavirus (COVID-19) infection*. [Source](#)

Published By: Elsevier

Patient education: Infection Education

Patient education: Monitoring body temperature ; At least once a day

Patient education: Tobacco/Second-Hand Smoke Counseling

Guidance

Tobacco Cessation Interventions

- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians:
 - Ask all adults about tobacco use
 - Advise them to stop using tobacco
 - Provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco
- In addition, the USPSTF recommends that clinicians:
 - Ask all pregnant women about tobacco use
 - Advise them to stop using tobacco
 - Provide behavioral interventions for cessation to pregnant women who use tobacco
 - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women.
- Also, the USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety.

Siu AL; U.S. Preventive Services Task Force. . Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2015;163(8), 622-634. [Source](#)

Published By: Elsevier

Quality Measure

NQF 1651; NQF 1654; NQF 1656. Inpatient tobacco cessation bundle, includes discharge

NQF 1651; NQF 1654; and NQF 1656 are bundled, inpatient quality measures from the Joint Commission related to tobacco use screening and treatment, and referral to treatment at discharge.

1.) **NQF 1651. TOB-1: Tobacco Use Screening.**

- Hospitalized patients aged ≥ 18 years, who are screened during the hospital stay for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days. This measure is intended to be used as part of a set of linked measures addressing Tobacco Use. [Source](#)

2.) **NQF 1654. TOB-2: Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment.**

- The measure is reported as an overall rate, which includes all hospitalized patients aged ≥ 18 years, to whom tobacco use treatment was provided during the hospital stay, or offered and refused; and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay. These measures are intended to be used as part of a set of measures addressing Tobacco Use.
- **TOB-2:** The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications.
- **TOB-2a:** The number of patients who received practical counseling to quit AND received FDA-approved cessation medications. [Source](#)

3.) **NQF1656. TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and the subset measure**

- **TOB-3a: Tobacco Use Treatment at Discharge.** The measure is reported as an overall rate which includes all hospitalized patients aged ≥ 18 years, to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge; and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. These measures are intended to be used as part of a set of linked measures addressing Tobacco Use.
- **TOB-3:** The number of patients who received or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.
- **TOB-3a:** The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge. [Source](#)

Steward: Joint Commission. National Quality Strategy Priorities: Health and Well-Being.

Care Setting: Hospital/Acute Care Facility.

National Quality Forum-endorsed measures.

Published By: Elsevier

Orthopedic Appliances

Other

Document influenza and pneumococcal immunization status

Quality Measure

NQF 1659. Influenza Immunization, Inpatient, 6 Months and Older, discharge

Inpatients aged ≥ 6 months, discharged during October, November, December, January, February or March, who are screened for influenza vaccine status and vaccinated prior to discharge, if indicated.

Steward: Centers for Medicare & Medicaid Services.

Use in Federal Program: Hospital Inpatient Quality Reporting.

Care Setting: Hospital/Acute Care Facility.

National Quality Forum-endorsed measure. [Source](#)

Published By: Elsevier

Document acceptance or rejection of alcohol/substance abuse discharge treatment

Guidance

Alcohol and Substance Abuse Screening

The U. S. Preventive Services Task Force (USPSTF) recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. (Recommendation: Grade B)

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (Recommendation: Grade I)

For alcohol use, briefly screen patients with the four-question CAGE questionnaire, which has been shown to be effective in identifying problem alcohol use

- Two or more affirmative answers to the CAGE questions below (*with modifications for drug use*) indicate a high probability of dependence:
 1. Have you ever felt that you should **C**ut down on your drinking (*or drug use*)?
 2. Have people **A**nnoyed you by criticizing your drinking (*or drug use*)?
 3. Have you ever felt bad or **G**uilty about your drinking (*or drug use*)?
 4. Have you ever had a drink (*used drugs*) first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye-opener)?

Click for [CAGE Questions for Alcohol Use](#)

Click for [AUDIT-C for Alcohol Use](#)

US Preventive Services Task Force. (2013). *Published Recommendations for Primary Care Practice. Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care.* [Source](#)

Dhalla S, Kopec JA. The CAGE questionnaire for alcohol misuse: a review of reliability and validity studies. Clin Invest Med. 2007;30(1), 33-41. [Source](#)

Published By: Elsevier

Quality Measure

NQF 1664. SUB-3: Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-3a: Alcohol & Other Drug Use Disorder Treatment at Discharge

1. The measure is reported as:

- An overall rate, which includes all hospitalized patients aged ≥ 18 years, to whom alcohol or drug use disorder treatment was provided, or offered and refused, at the time of hospital discharge; and
- A second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge

2. The Provided or Offered rate (SUB-3) describes patients who:

- Are identified with alcohol or drug use disorder
- Receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder
- Receive or refuse a referral for addictions treatment

3. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive:

- A prescription for FDA-approved medications for alcohol or drug use disorder
- Referral for addictions treatment

Those who refused are not included.

4. These measures are intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1 Alcohol Use Screening; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge)

SUB-3: The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder, OR received or refused a referral for addictions treatment.

SUB-3a: The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder, OR a referral for addictions treatment.

Steward: The Joint Commission.

Care Setting: Inpatient, Hospital/Acute Care Facility.

National Quality Forum-endorsed measure. [Source](#)

Published By: Elsevier

Document acceptance or rejection of tobacco use discharge treatment

Guidance

Tobacco Cessation Interventions

- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians:
 - Ask all adults about tobacco use
 - Advise them to stop using tobacco
 - Provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco
- In addition, the USPSTF recommends that clinicians:
 - Ask all pregnant women about tobacco use
 - Advise them to stop using tobacco
 - Provide behavioral interventions for cessation to pregnant women who use tobacco
 - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women.
- Also, the USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety.

Siu AL; U.S. Preventive Services Task Force. . Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2015;163(8), 622-634. [Source](#)

Published By: Elsevier

Quality Measure

NQF 1651; NQF 1654; NQF 1656. Inpatient tobacco cessation bundle, includes discharge

NQF 1651; NQF 1654; and NQF 1656 are bundled, inpatient quality measures from the Joint Commission related to tobacco use screening and treatment, and referral to treatment at discharge.

1.) **NQF 1651. TOB-1: Tobacco Use Screening.**

- Hospitalized patients aged ≥ 18 years, who are screened during the hospital stay for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days. This measure is intended to be used as part of a set of linked measures addressing Tobacco Use. [Source](#)

2.) **NQF 1654. TOB-2: Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment.**

- The measure is reported as an overall rate, which includes all hospitalized patients aged ≥ 18 years, to whom tobacco use treatment was provided during the hospital stay, or offered and refused; and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay. These measures are intended to be used as part of a set of measures addressing Tobacco Use.
- **TOB-2:** The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications.
- **TOB-2a:** The number of patients who received practical counseling to quit AND received FDA-approved cessation medications. [Source](#)

3.) **NQF1656. TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and the subset measure**

- **TOB-3a: Tobacco Use Treatment at Discharge.** The measure is reported as an overall rate which includes all hospitalized patients aged ≥ 18 years, to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge; and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. These measures are intended to be used as part of a set of linked measures addressing Tobacco Use.
- **TOB-3:** The number of patients who received or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.
- **TOB-3a:** The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge. [Source](#)

Steward: Joint Commission. National Quality Strategy Priorities: Health and Well-Being.

Care Setting: Hospital/Acute Care Facility.

National Quality Forum-endorsed measures.

Published By: Elsevier

Diet

Diet: Regular

Diet: Regular (consistent carbohydrate)

Diet: Mechanical/dental soft

Diet: Dysphagia: pureed

Medications

Antipyretics

Acetaminophen Oral Tablet ; 650 mg Every 4 hours for 7 Day(s) (PRN: Temperature greater than 38 degree celsius) (dispense 50 tablet(s); 0 refill(s)) ; Do not exceed 4000 mg acetaminophen in 24 hours from all sources

Immunizations

Guidance

Immunization Schedule, Aged 19 Years or Older

Table 1. Recommended Adult Immunizations, Aged 19 Years or Older, United States, 2019

Always make recommendations by determining needed vaccines based on age and other indications (Table 2), and reviewing special situations (Notes).

Table 1. By age

Table 2. By indications


Schedule Changes & Guidance

Resources for health care providers

Resources for adults

Download Schedules App




- 8.5"x11" print color  [6 pages]

- 8.5"x11" print black and white  [6 pages]
- Compliant version of this schedule
- Vaccines in the Adult Immunization Schedule
- Learn how to display current schedules from your website.
- Hard copies of the schedule are available for free using the CDC-info c



Download Schedules App

Legend

-  Recommended vaccination for adults who meet age requirement, lack documenta
-  Recommended vaccination for adults with an additional risk factor or another indic
-  Recommended vaccination based on shared clinical decision-making

Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD). (2020). *Recommended immunization schedule for adults aged 19 years or older, United States*. [Source](#)

Published By: Elsevier

Influenza vaccine Injectable Suspension Intramuscular Injectable Suspension; 0.5 mL Once

Quality Measure

NQF 1659. Influenza Immunization, Inpatient, 6 Months and Older, discharge

Inpatients aged ≥ 6 months, discharged during October, November, December, January, February or March, who are screened for influenza vaccine status and vaccinated prior to discharge, if indicated.

Steward: Centers for Medicare & Medicaid Services.

Use in Federal Program: Hospital Inpatient Quality Reporting.

Care Setting: Hospital/Acute Care Facility.

Pneumococcal polysaccharide vaccine 23 (PPSV23) Injectable Solution Intramuscular Injectable Solution; 0.5 mL Once

Pneumococcal conjugate vaccine 13 (PCV13) Prefilled Syringe Intramuscular Prefilled Syringe; 0.5 mL Once

acellular pertussis vaccine, inactivated / diphtheria toxoid vaccine, inactivated / tetanus toxoid vaccine, inactivated Intramuscular Injection; 0.5 mL Once

diphtheria toxoid vaccine, inactivated / tetanus toxoid vaccine, inactivated Intramuscular Injection; 0.5 mL Once

Other

Provide a referral to outpatient tobacco counseling and a prescription for one of the FDA-approved tobacco cessation medications, or document refusal

Guidance

Tobacco Cessation Interventions

- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians:
 - Ask all adults about tobacco use
 - Advise them to stop using tobacco
 - Provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco
- In addition, the USPSTF recommends that clinicians:
 - Ask all pregnant women about tobacco use
 - Advise them to stop using tobacco
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Quality Measure

NQF 1651; NQF 1654; NQF 1656. Inpatient tobacco cessation bundle, includes discharge

NQF 1651; NQF 1654; and NQF 1656 are bundled, inpatient quality measures from the Joint Commission related to tobacco use screening and treatment, and referral to treatment at discharge.

1.) **NQF 1651. TOB-1: Tobacco Use Screening.**

- Hospitalized patients aged ≥ 18 years, who are screened during the hospital stay for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days. This measure is intended to be used as part of a set of linked measures addressing Tobacco Use. [Source](#)

2.) **NQF 1654. TOB-2: Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment.**

- The measure is reported as an overall rate, which includes all hospitalized patients aged ≥ 18 years, to whom tobacco use treatment was provided during the hospital stay, or offered and refused; and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay. These measures are intended to be used as part of a set of measures addressing Tobacco Use.
- **TOB-2:** The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications.
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- **TOB-3a: Tobacco Use Treatment at Discharge.** The measure is reported as an overall rate which includes all hospitalized patients aged ≥ 18 years, to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge; and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. These measures are intended to be used as part of a set of linked measures addressing Tobacco Use.
- **TOB-3:** The number of patients who received or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.
- **TOB-3a:** The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge. [Source](#)

Steward: Joint Commission. National Quality Strategy Priorities: Health and Well-Being.

Care Setting: Hospital/Acute Care Facility.

National Quality Forum-endorsed measures.

Smoking Cessation/Tobacco Withdrawal - Ambulatory Module

Referrals

Referral: Public Health ; History: [add diagnosis, symptom(s)] ; Question: [add reason for referral/consult]

Referral: Primary Care; History: [add diagnosis, symptom(s)]; Question: [add reason for referral]

Referral: Clinical Social Work; History: [add diagnosis, symptom(s)]; Question: [add reason for referral]

Referral: Alcohol/Substance Abuse Counseling; History: [add diagnosis, symptom(s)]; Question: [add reason for referral]

Guidance

Alcohol and Substance Abuse Screening

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The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (Recommendation: Grade I)

For alcohol use, briefly screen patients with the four-question CAGE questionnaire, which has been shown to be effective in identifying problem alcohol use

- Two or more affirmative answers to the CAGE questions below (*with modifications for drug use*) indicate a high probability of dependence:

1. Have you ever felt that you should **C**ut down on your drinking (*or drug use*)?
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3. Have you ever felt bad or **G**uilty about your drinking (*or drug use*)?
4. Have you ever had a drink (*used drugs*) first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye-opener)?

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Dhalla S, Kopec JA. The CAGE questionnaire for alcohol misuse: a review of reliability and validity studies. Clin Invest Med. 2007;30(1), 33-41. [Source](#)

Published By: Elsevier

Quality Measure

NQF 1664. SUB-3: Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-3a: Alcohol & Other Drug Use Disorder Treatment at Discharge

1. The measure is reported as:

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- A second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge

2. The Provided or Offered rate (SUB-3) describes patients who:

- Are identified with alcohol or drug use disorder
- Receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder
- Receive or refuse a referral for addictions treatment

3. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive:

- A prescription for FDA-approved medications for alcohol or drug use disorder
- Referral for addictions treatment

Those who refused are not included.

4. These measures are intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1 Alcohol Use Screening; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge)

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Steward: The Joint Commission.

Care Setting: Inpatient, Hospital/Acute Care Facility.

National Quality Forum-endorsed measure. [Source](#)

Published By: Elsevier

Referral: Smoking Cessation/Tobacco Withdrawal Counseling; History: [add diagnosis, symptom(s)];
Question: [add reason for referral]

Guidance

Counseling, Smoking Cessation/Tobacco Withdrawal

According to systematic reviews of smoking cessation programs for hospitalized patients:

- High-intensity behavioral counseling beginning during hospitalization and continuing for at least 1 month after discharge was more effective than either usual care or less intensive counseling
- The addition of nicotine replacement therapy resulted in further benefit
- Preoperative smoking interventions may reduce postoperative morbidity

Thomsen T, Villebro N, Møller AM. Interventions for preoperative smoking cessation. Cochrane Database Syst Rev. 2014;3, CD002294. [Source](#)

Rigotti NA, Clair C, Munafò MR, Stead LF. Interventions for smoking cessation in hospitalised patients. Cochrane Database Syst Rev. 2012;5(5), CD001837. [Source](#)

Published By: Elsevier

Quality Measure

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- **TOB-3a:** The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge. [Source](#)

Steward: Joint Commission. National Quality Strategy Priorities: Health and Well-Being.

Care Setting: Hospital/Acute Care Facility.

National Quality Forum-endorsed measures.

Published By: Elsevier