

Draft National Guidelines for On-Screen Presentation of Discharge Summaries

Sample Discharge Summary Template

January 2024

Common elements for all complex patient types

A Sample Discharge Summary Template

Patient Details

- Patient's full name
- Deceased statement (if applicable)
- Date of birth (Age in years)
- Sex
- Residential address
- Telephone (work and home, if available)
- Patient identification number(s) (e.g. IHI, MRN)
- Indigenous status

Hospital Details

- Hospital name and Local Health District (if applicable)
- Address
- Contact details- Hospital phone number
- Any other details as specified by state and territory legislation.

START OF DOCUMENT

B Recipients: The full name of all recipients of the discharge summary and method of transfer (e.g. electronic transfer).

Author: The name of the document's author, contact details (if different from hospital contact details), and the author's role/job title in brackets next to the author's name (e.g. Junior Doctor).

PRESENTATION DETAILS

Presentation date	Discharge date	Length of stay	Episode type	Clinical Unit	Senior Clinician	Discharge destination
Date of admission	Date of discharge	Number of days the patient stayed at the hospital	The specialty or specialties under which the patient was treated	Ward from which the patient was discharged – Avoid abbreviations	The healthcare provider who was responsible for the patient's care at time of discharge	Location to which the patient was discharged (e.g. Home, aged care facility)

D PROBLEMS AND DIAGNOSES

Principal diagnosis	Diagnosis that caused a visit to the hospital
Reason for presentation	Patient's symptoms that led to the hospital presentation
Secondary diagnoses	The list of problems and diagnoses (in addition to the principal diagnosis) that were treated at hospital
Complications	Any additional patient conditions or any adverse events that affected the hospital treatment
Past medical history	Previous patient conditions that are relevant to the treatment provided at the hospital, and are important for the primary healthcare provider to be aware of

E RECOMMENDATIONS FOR CONTINUITY OF CARE

Recommendation	Person Responsible
Describe the recommended action	Name the person responsible for actioning the recommendation

F PROCEDURES

- List relevant operations and procedures in chronological order
- Present as a bullet list to facilitate readability and individuals who are time-poor (which often is the case for primary health care providers), where reading entire paragraphs and unstructured information is a difficult task
- If no procedures were performed during the hospital stay, include the statement 'Nil performed'

G CLINICAL SUMMARY

- This section should give the healthcare provider all the relevant information to continue treating the patient outside the hospital
- Summary of diagnosis, prognosis, and clinical management
- Include interpretation of abnormal observations, pathology and diagnostic imaging
- Avoid repeating information that occurs in other sections of the discharge summary, such as medicines
- Ensure this section is succinct but also provides all the relevant information
- Advance care directive information where relevant

H ALLERGIES/ADVERSE REACTIONS

Substance / Agent	Reaction type	Clinical manifestation
Name the substance / agent	Describe the type of reaction (e.g. allergy)	Describe the negative effect (e.g., urticaria)

I MEDICINES ON DISCHARGE

Medicine	Directions	Duration / End date	Status	Change reason / Clinical indication	Medicine supplied from

- Suggested order: Group medicines and display them in the following order
 - New medicines
 - Changed medicines
 - Unchanged medicines
- List medicines in each group alphabetically
- Where a medicines list was not obtained, the section should NOT be left blank, this should be indicated with a line saying:
 - *Medication list unable to be obtained during admission OR medication reconciliation has not been completed for this patient OR patient is not on regular medication.*

J CEASED MEDICINES

Medicine	Reason for ceasing

K ADDITIONAL MEDICINES INFORMATION

- This should be populated if the patient is taking any specific medications that are in a selected list, for example, high-risk medicines, anticoagulants, opioid analgesic or corticosteroid weaning plans
- Additional advice on high-risk discharge medications or any other relevant medicines information required for continuity of care

L PRECAUTIONS

- Describes information pertaining to a patient that may need special consideration by a healthcare provider before making a decision about their actions
- Using this section is at the discretion on the author
- Include a list of alerts that may affect the patient's continuity of care
- Be aware of the sensitivity of information that could be captured as a precaution. And be aware that the information could be made available to the patient or their carers in My Health Record

M SUGGESTED PRECAUTIONS

Clinical or medical alerts	e.g. pacemaker, anaesthetic risk, infection control status
Safety or security alerts	e.g. risk of self-harm, aggression, falls risk
Patient needs or preferences	e.g. interpreters, cultural or religious considerations
Functional alerts	e.g. mobility, visual, hearing or cognitive impairment, disability, nutritional status

N FOLLOW UP APPOINTMENTS

Organised referrals or appointments for follow up.

Description	When	Booking status (i.e. booked, or patient to book)	Name	Location	Contact details

O INFORMATION PROVIDED TO THE PATIENT

Suggested information:

All discharge summaries should contain a line about required follow up with their general practitioner within 24 hours / 48 hours / 72 hours / 5 days / 7 days / other _____

Education given:

Awareness of condition and management:

Understanding of instructions:

Health literacy – ability to understand own healthcare needs

P RECIPIENTS

Name	Contact Details	Address	Organisation	Sent by
				Electronic transfer

Q SELECTED INVESTIGATION RESULTS

- Most relevant results
- Identify any pending results
- Outline the need for follow up investigations. This may also appear in the recommendations section.

Test name	Date	Result

R RECIPIENTS FEEDBACK

- Survey or QR code that links recipient to a feedback survey that is monitored by the health service.

S ADMINISTRATIVE DETAILS

Document type:	
Create date / time:	
Date / time attested:	

END OF DOCUMENT