Physician-Friendly Discharge Summary

Medicine Service

Bill Area: IMW

Note Type: [DISCHARGE SUMMARY ▼]

Service: [Medicine Service ▼]

DISCHARGE SUMMARY

HOSPITAL COURSE:

(Please list all important admitting diagnoses)

Admitting Diagnoses / Reasons for Admission

Brief Summary of HPI w/ Chief Compliant:

Brief Hospital Course By Problem:

Vital Signs on Discharge:

Get Vital Signs

(Only two detailed physical exam fields are needed. Please pick the most pertinent physical exam findings.)

Final Physical Exam:

SIGNIFICANT FINDINGS:

(Please delete unnecessary or redundant labs)

Current Labs/Pertinent Lab Trends:

Start Date: [8/30/2010 9:15:5]

Physician-Friendly Discharge Summary (Cont.)

End Date: 8/31/2010 9:15:5█

Get Labs

Other Pertinent Labs:

(Please include only relevant imaging)

Radiology/Echo:

Microbiology/Pathology:

Get Microbiologic Results

(Please include pertinent surgical procedures, invasive cardiology, endoscopy or interventional radiology reports). PLEASE DELETE ANY UNNECESSARY SPACES TO INCREASE LEGIBILITY.

Procedures Performed and Complications:

DISPOSITION:

This patient was discharged to:

- ☐ Home
- ☐ Home with Services
- ☐ SNF
- ☐ Acute Rehab
- ☐ Left AMA
- ☐ Expired
- ☐ Transferred Facility
- ☐ Other

(Check all that apply - below)

Home Care Services Ordered:

- ☐ Skilled Nursing for Wound Care

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Physician-Friendly Discharge Summary (Cont.)

☐ Skilled Nursing for Medication Administration

☐ Skilled Nursing for Nutrition Administration

☐ Skilled Nursing for Education & Monitoring

☐ Physical Therapy

☐ Speech Therapy

DISCHARGE INSTRUCTIONS:

Discharge Diet

Consistency:

☐ Regular

☐ Soft

☐ Puree

☐ Thick Liquids

☐ Other

[   ] 🔴

Nutrition:

☐ Regular

☐ Diabetic: Carbohydrate Controlled

☐ Low Salt

☐ Fluid Restriction

☐ Other

[   ] 🔴

Additional Discharge Instructions: [   ] 🔴

DISCHARGE MEDICATIONS:

New Allergies: [   ] 🔴

No changes to home medications were made during this admission. ☐

The patient was continued on his/her previous medication regimen with the following exceptions: ☐

The following is a complete list of the patient's medications upon discharge. ☐

(Please include why the medication was stopped, and if it was replaced by a new medication)

Physician-Friendly Discharge Summary (Cont.)

Medications Stopped during this Hospitalization:

(For antibiotics - please include start and end date of medication)

New Medications Started on this Hospitalization and Medications to be Taken at New Doses:

(Please include dose and frequency)

Previous Medications To Be Taken Regularly After Discharge:

The medications listed above should serve as a guide for referring physicians only. For official patient medication reconciliation and the most accurate source of patient medications, please see the pharmacy generated Discharge Medication note in UCare or the patient's discharge prescription.

FOLLOW-UP PLANS:

(Please include any pending tests to be followed up, appointments or tests that need to be scheduled, or equipment that needs to be ordered, etc.)

Pending Tests & Follow Up Needs for the Primary Care Physician:

I have reviewed the Pending Labs, Microbiology & Pathology in UCare and this patient has no Pending Tests ☐

Discharge Appointments

No scheduled follow up required, contact your primary care office as needed. ☐

Please call the following providers for an appointment. ☐

You will be called by our discharge coordinator with an appointment with the following providers. ☐

(Please include provider name, clinic, location, date & time)

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You have appointments with the following providers:

CONDITION AT DISCHARGE:

Condition on discharge:

☐ Good

☐ Fair

☐ Poor

Functional Assessment at Discharge/Activity Goals:

No functional activity limits ☐

No change in condition or functional status from admission ☐

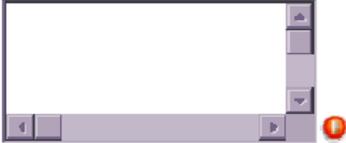(Please give careful attention to changes in functional or cognitive status since admission)

Code Status:

☐ Full Code

☐ DNR/DNI

☐ Code status was not addressed on this admission

☐ Other

DISCHARGE DIAGNOSIS:

(Please list all new discharge diagnoses important to patient and provider)

Discharge Diagnoses

A copy of this document was given to the patient for his/her records and as a means of communicating with his/her primary care physician. ☐

PCP/ Referring provider/ Contact #:*

Physician-Friendly Discharge Summary (Cont.)

Visit Number (from stamp card): *

Start Date: 08/24/10

End Date: 08/31/10

Search

My date of service is _____

I spent _____ minutes preparing discharge materials, prescriptions, follow up plans, and face-to-face with the patient discussing _____.

Signing Provider *

Search   Clear

*   08/31/2010 09:10   MM/DD/YYYY HH:MM PM/AM

Outside Providers, for pending tests please use the following numbers:

For UCSF Laboratory - Please Call: (415) 353-1667

For UCSF Microbiology - Please Call: (415) 353-1268

For UCSF Pathology - Please Call: (415) 353-1613

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