

Paediatric Discharge Summary

Paeds 2(d)

Patient Name			Hospital Name:				IP No.		
Ward	Age	years	months	days	Date of Birth dd /mm/ yyyy	Sex	M <input type="checkbox"/> / F <input type="checkbox"/>		
Contact (Tel)				Date of Admission (dd /mm/ yyyy)					
Consultant				Date of Discharge / Death (dd /mm/ yyyy)					
Outcome		Died <input type="checkbox"/>		Alive <input type="checkbox"/>		If alive Discharged <input type="checkbox"/> Absconded <input type="checkbox"/> Referred <input type="checkbox"/>			
Vaccine given at discharge(list)				:					
Paediatric Discharge Diagnoses – Select ONE primary diagnosis (tick 1) and for secondary diagnoses (tick 2) indicate level of severity or type of disease if required									
Malaria	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Severe <input type="checkbox"/> Non-severe		Anaemia	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Severe <input type="checkbox"/> Non-severe	
Pneumonia	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Severe <input type="checkbox"/> Non-severe		Asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Severe <input type="checkbox"/> Mild/moderate	
Diarrhoea	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Non-bloody <input type="checkbox"/> Bloody (dysentery)		Meningitis			1 <input type="checkbox"/>	2 <input type="checkbox"/>
Dehydration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Shock <input type="checkbox"/> Severe <input type="checkbox"/> Some <input type="checkbox"/> None		Rickets			1 <input type="checkbox"/>	2 <input type="checkbox"/>
HIV result			<input type="checkbox"/> Positive <input type="checkbox"/> Exposed/PMTCT+ <input type="checkbox"/> Negative <input type="checkbox"/> Declined test		Neonatal sepsis			1 <input type="checkbox"/>	2 <input type="checkbox"/>
Malnutrition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> Kwash <input type="checkbox"/> Marasm <input type="checkbox"/> M. Kwash <input type="checkbox"/> Moderate malnutrition <input type="checkbox"/> Mild/none		Prematurity / LBW			1 <input type="checkbox"/>	2 <input type="checkbox"/>
TB	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> PTB <input type="checkbox"/> CNS <input type="checkbox"/> Millitary <input type="checkbox"/> other organs		Sickle cell disease			1 <input type="checkbox"/>	2 <input type="checkbox"/>
Others	1 <input type="checkbox"/>	2 <input type="checkbox"/>			Epilepsy			1 <input type="checkbox"/>	2 <input type="checkbox"/>
Weight at admission =				Kg		Weight at admission =			
				Kg					
Summary of Key Investigations, Interventions (Procedures) & Progress									
Condition on D/C		<input type="checkbox"/> Normal <input type="checkbox"/> Neuro Sequelae <input type="checkbox"/> Other complication =							
Follow up		<input type="checkbox"/> None <input type="checkbox"/> Ward <input type="checkbox"/> POPC <input type="checkbox"/> Other clinic Name of other clinic							
		Days or Weeks after discharge <input type="checkbox"/> Days = _____ OR <input type="checkbox"/> Weeks = _____							
Discharge Drugs									
Compiled by: Name				Sign			Date		