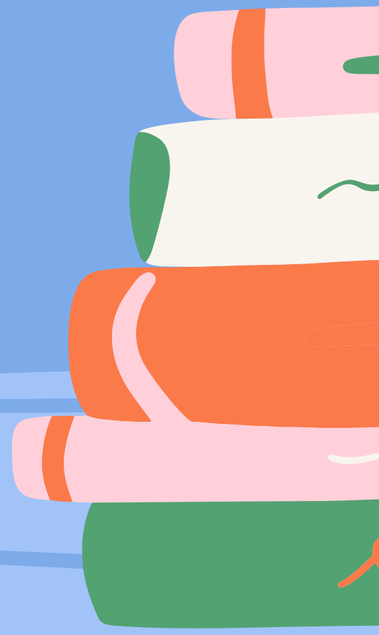
PRINCE OF WALES HOSPITAL

Discharge Summaries

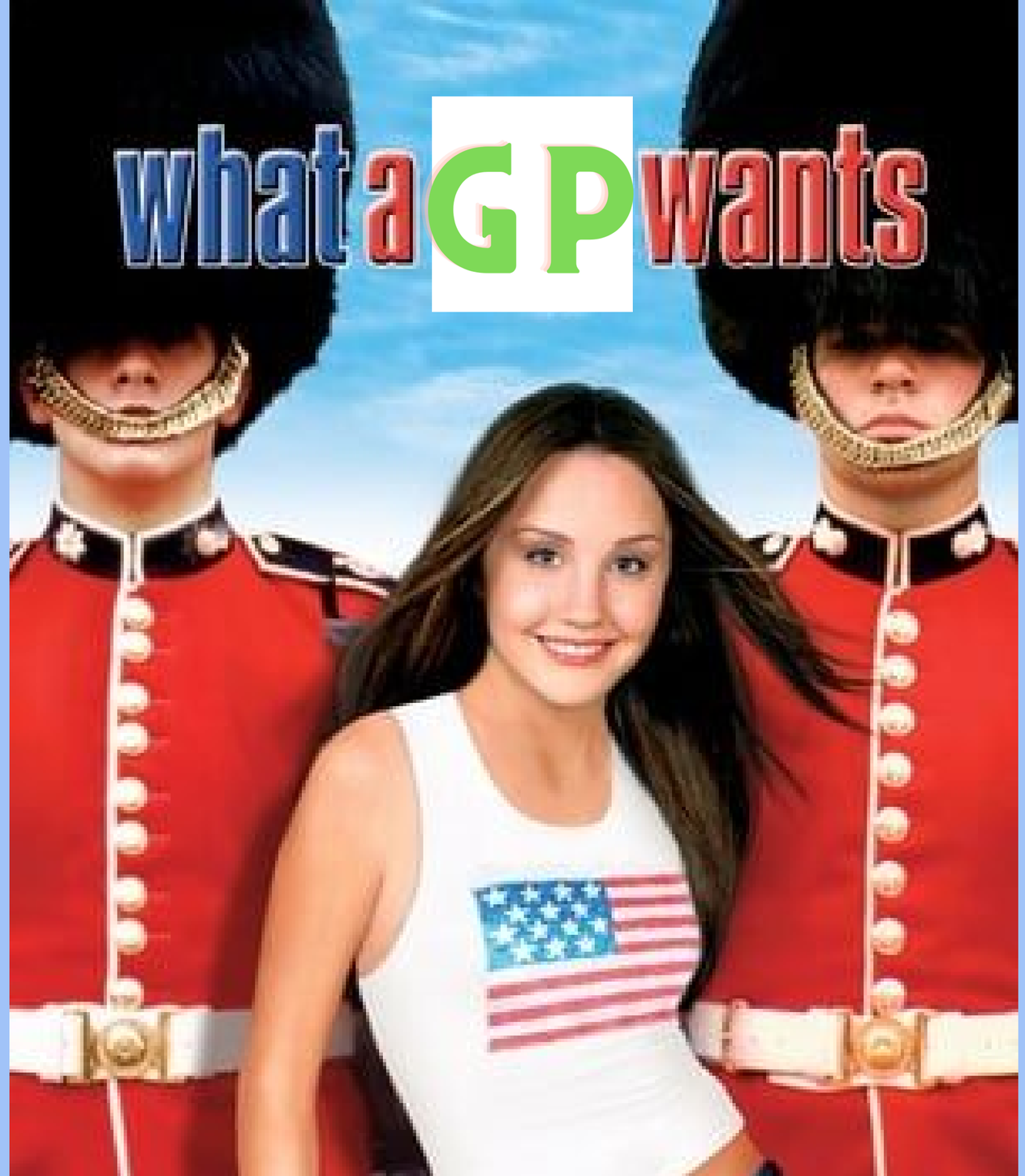
Drs T Scott & A Basu



WHY SHOULD I CARE?

1. **Errors!**
    a. **Very high-risk period**
    b. **Medication errors**
    c. **Morbidity, re-admission, death**
2. **Useful clinical document**
    a. **For the GP**
    b. **For the patient/family**
    c. **For the GP to explain to patient/family**
    d. **For ED/future admissions**
3. **Funding**

49% of patients discharged from hospital experience at least one adverse event because of incorrect information on D/C


what a GP wants

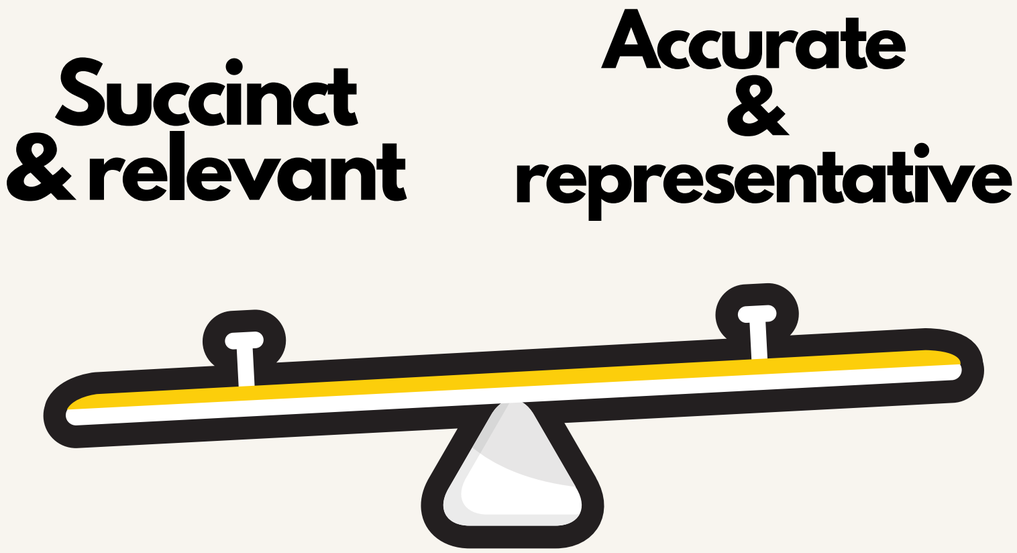
CONTENT

STRUCTURE

TIMELINESS

CONTENT

1. Diagnosis and (brief) presentation
2. RELEVANT investigations
3. Treatment in hospital
4. Complications
5. Medication at discharge and reason for changes
6. Condition/functional status on discharge (if big change)
7. Heads up of any big family decisions
8. Follow up plans + services provided on discharge



WHAT YOU DON'T NEED TO INCLUDE

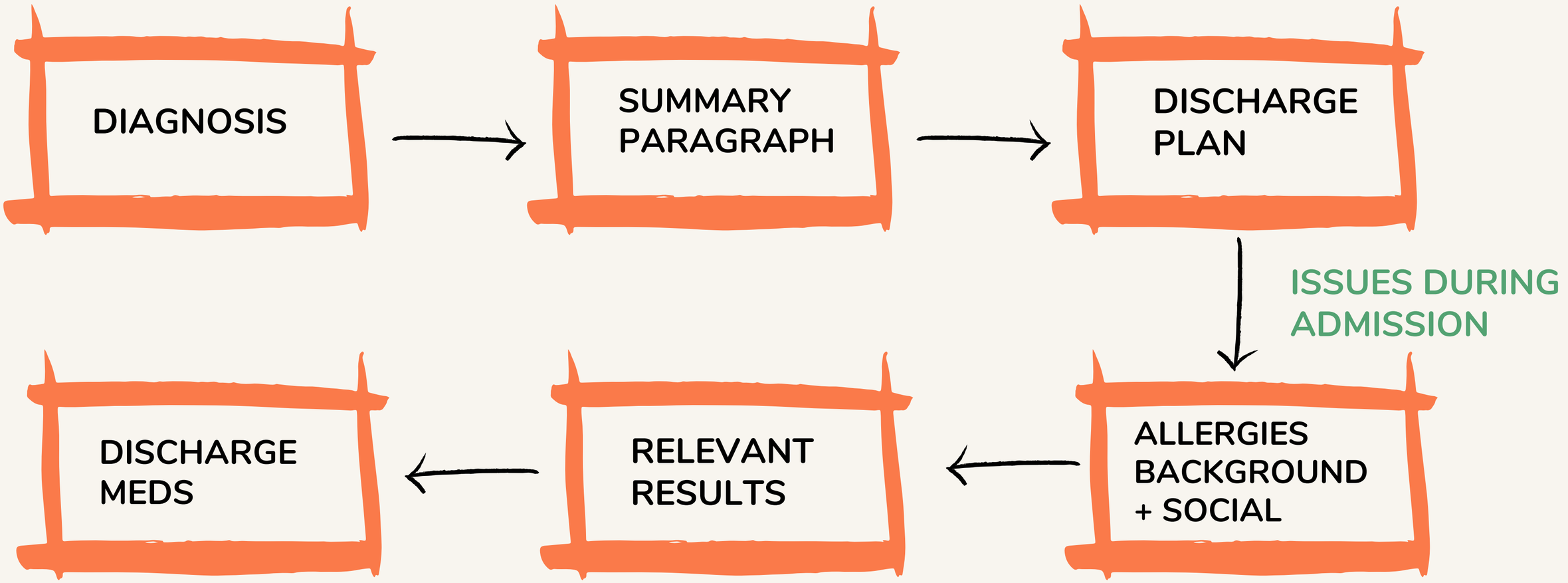
1. Every investigation result
2. Every examination finding

THINGS TO CONSIDER

Patients and their families will be reading this
- Think about how they'll feel upon reading your letter
- Write instructions in a way patients will understand

GPs are specialists, and they're colleagues
- Don't write "GP to chase" x100
- Always explain the particular parameter of concern, and if there's something specific to be done if deranged

STRUCTURE


DIAGNOSIS
SUMMARY PARAGRAPH
DISCHARGE PLAN
ISSUES DURING ADMISSION
ALLERGIES BACKGROUND + SOCIAL
RELEVANT RESULTS
DISCHARGE MEDS

SUMMARY PARAGRAPH :/

Ashna was admitted to POW with shortness of breath. Her heart rate was 72, her blood pressure was 120/80, her temperature was 37degrees and her O2 Sats were 93%. She had reduced air entry at the left base, and heart sounds were dual with no murmur. She had bilateral pitting oedema. She had a chest x-ray which showed APO.

Ashna received Frusemide and improved. She then had high creatinine. Ashna also developed a UTI. She received antibiotics and was discharged home on orals on 30/4/21.

SUMMARY PARAGRAPH :/

Ashna was admitted to POW with shortness of breath. Her heart rate was 72, her blood pressure was 120/80, her temperature was 37degrees and her O2 Sats were 93%. She had reduced air entry at the left base, and heart sounds were dual with no murmur. She had bilateral pitting oedema. She had a chest x-ray which showed APO.

Ashna received Frusemide and improved. She then had high creatinine. Ashna also developed a UTI. She received antibiotics and was discharged home on orals on 30/4/21.

SUMMARY PARAGRAPH

Ashna was admitted to Prince of Wales Hospital under Geriatrics on 25/4/21 after presenting with dyspnoea and hypoxia. Clinical examination was consistent with acute pulmonary oedema with associated bilateral lower limb swelling to the shin; this was corroborated on chest x-ray (report attached). Ashna was diuresed with IV Frusemide, and clinically improved, with no peripheral oedema on discharge. However, she then developed an Acute Kidney Injury (Creatinine 119umol/L) which resolved with gentle IV fluids.

Ashna's admission was complicated by urosepsis. She was initially treated empirically with IV Ampicillin and Gentamicin, but then stepped down to oral Keflex after urine culture grew pan-sensitive E Coli. She was discharged home on 30/4/21 with three more days of antibiotics and follow up as detailed in her Discharge Plan, below.

DISCHARGE PLAN :/

1. **Discharged 01/03/21**
2. **Continue Augmentin 1 tab BD until course completed**
3. **Follow up as previously planned**
4. **GP to check EUCs**

DISCHARGE PLAN

1. Discharged to Eastern Suburbs Private Rehab on 01/03/21
2. Please complete course of antibiotics: Augmentin Duo Forte - 1 tablet twice daily, for 3 more days (last dose 04/03/2021 evening)
3. Medication changes
    a. CEASED: Spironolactone, due to Hyperkalaemia
    b. INCREASED: Ramipril to 2.5mg twice daily to improve BP control
    c. COMMENCED: Frusemide 20mg daily for fluid overload
4. Follow up appointments as below
    a. 10/3/21: Dr Scott, 9:30am at POWH Outpatient Department
5. Please see your GP in 5-7 days for follow up
    a. Please re-check EUCs, particularly potassium and creatinine
    b. If creatinine elevated, may need to change Ramipril to an alternative agent

SPECIAL INCLUSIONS

GERIATRICS

Social history
Allied health reviews
NOK/Guardian
ACD/Ceilings of Care

CARDIOLOGY

Results: Trops, ECGs, Echo, Angiogram
Dry weight (heart failure)
Pacemaker checks/models

STROKE

Results: ECG (?AF), cardiovascular risk screen (HbA1c, cholesterol etc)
Residual functional deficits
Duration of anticoagulation

ONCOLOGY

Oncological History
Chemo received, type and dose
Radiotherapy received, Gys and #
?Side effects
Palliative care reviews
Results: Histopathy

OBSTETRICS

Details of the baby, newborn check
Method of delivery
Complications

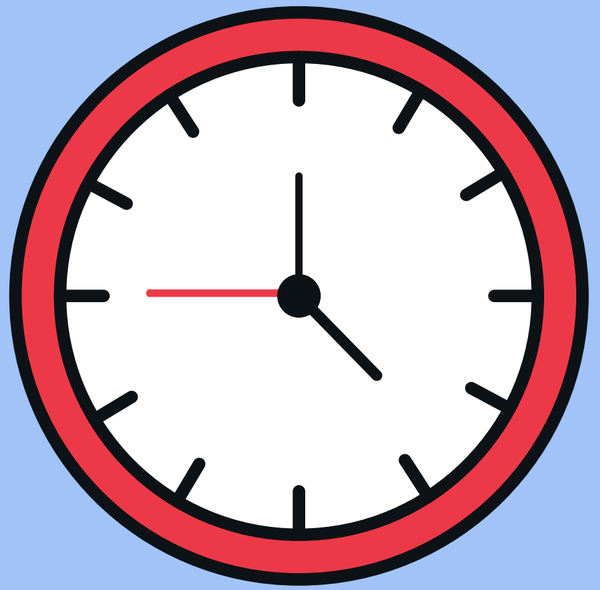
SURGICAL

Use of DVT prophylaxis
Opioid pain relief regimen
Peri-procedural or anaesthetic complications

TIMELINESS

An RACGP audit found...

- Only 73% of summaries were completed within 3 days of discharge
- Only 55% of summaries were received before GPs see the patient post discharge



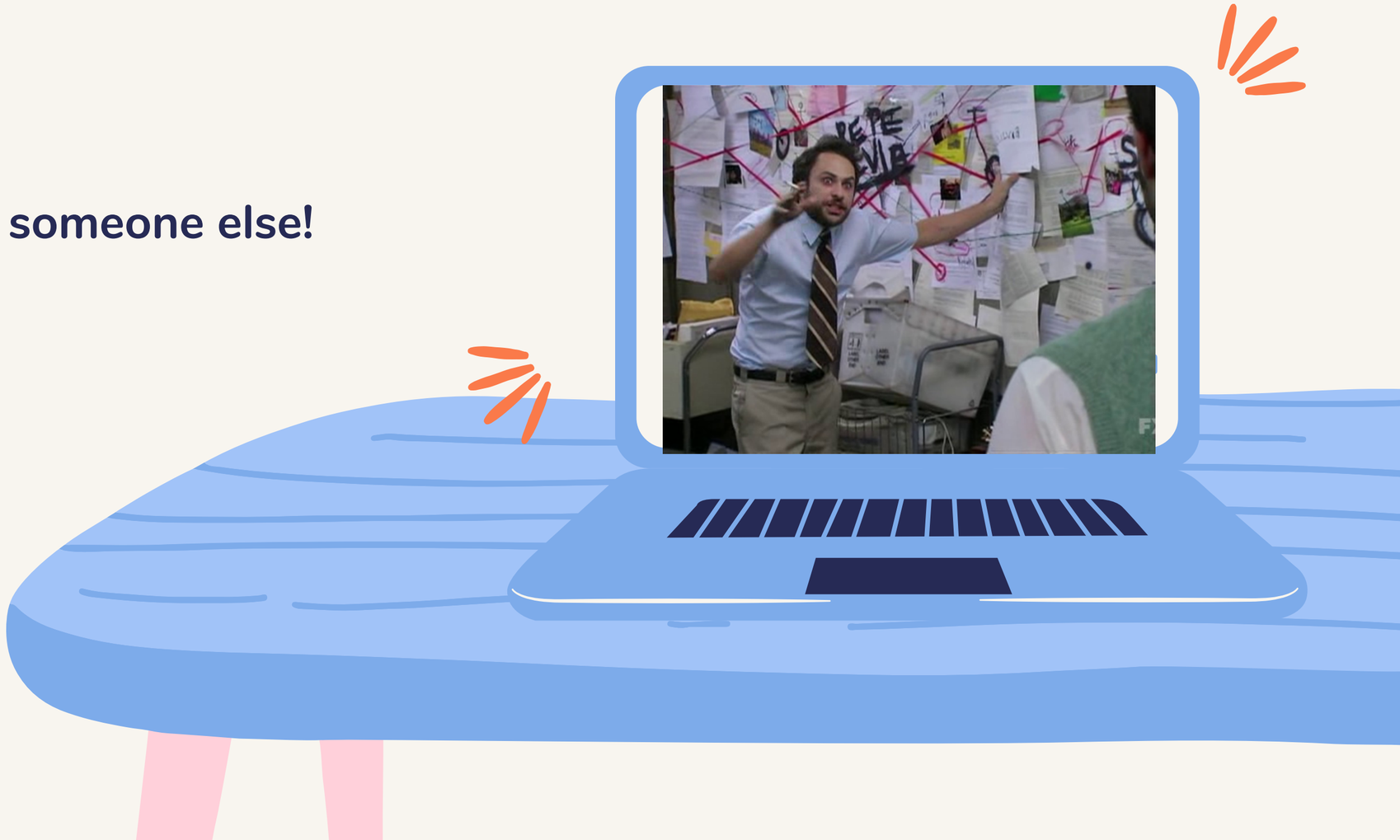
Tips to Improve

Practice summarising!

Think about how it reads to someone else!
- GP, patient

Ask people around you!

Touch typing!



REFERENCES

1. Mahfouz, C., Bonney, A., Mullan, J. and Rich, W., 2017. An Australian discharge summary quality assessment tool: A pilot study. Australian Family Physician, 46(1), pp.57-63.
2. Wilson, S., Ruscoe, W., Chapman, M. and Miller, R., 2001. General practitioner-hospital communications: A review of discharge summaries. Journal of Quality In Clinical Practice, 21(4), pp.104-108.
3. Belleli, E., Naccarella, L. and Pirotta, M., 2013. Communication at the interface between hospitals and primary care: A general practice audit of hospital discharge summaries. Australian Family Physician, 42(12), pp.886-890.
4. Matar, E., Bagust, A., Clarke, A., Snir, A., Chen, B., Yang, C., Black, E., Boots, G., Paterson, J., Soares, J., Hulme, K., Hill, K., Wells, L., Naidoo, M., Mason, S., Murray, S., Korczak, V., Hoang, W., Kamaladasa, Y. and Kong, Y., 2021. Avant - The inside scoop... How to write a discharge summary. [online] Avant.org.au. Available at: <https://www.avant.org.au/news/write-discharge-summary/> [Accessed 25 April 2021].