**Discharge Summary Evaluation Form**

**Basic Information**

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| --- | --- |
| **Components** | **Scores** |
| 1. Full Name
 | 0 or 1 out of 1 |
| 1. Hospital No.
 | 0 or 1 out of 1 |
| 1. Address
 | 0, 0.5 or 1 out of 1 |
| 1. Age of Child
 | 0 or 1 out of 1 |
| 1. Date of Birth
 | 0 or 1 out of 1 |
| 1. Date of admission
 | 0 or 1 out of 1 |
| 1. Date of discharge
 | 0 or 1 out of 1 |
| 1. Consultant
 | 0, 0.5 or 1 out of 1 |
| 1. Discharge Category
 | 0 or 1 out of 1 |

**History**

|  |  |
| --- | --- |
| **Components** | **Scores** |
| 1. Precise and relevant documentation of all chief complain leading to hospitalization
 | 0, 1 or 2 out of 2 |
| 1. Description of intensity and nature of symptoms at presentation
 | 0, 1 or 2 out of 2 |
| 1. Relevant negative history
 | 0, 0.5 or 1 out of 1 |
| 1. Important treatment history
 | 0, 0.5 or 1 out of 0 or 1 |
| 1. Past history
 | 0, 1 or 2 out of 1 or 2 |
| 1. Perinatal history
 | 0, 1 or 2 out of 1 or 2 |
| 1. Family and social history
 | 0, 0.5 or 1 out of 1 |
| 1. Developmental history
 | 0, 1 or 2 out of 1 or 2 |
| 1. Immunization history
 | 0, 0.5 or 1 out of 1 |
| 1. Dietary history
 | 0, 0.5 or 1 out of 0 or 1 |

**Physical Examination**

|  |  |
| --- | --- |
| **Components** | **Scores** |
| 1. Appropriate anthropometric details with assessment
 | 0, 1 or 2 out of 1 or 2 |
| 1. Findings in General physical examination
 | 0, 1 or 2 out of 2 |
| 1. Findings in Systemic physical examination
 | 0, 1 or 2 out of 2 |

**Course during Hospitalization**

|  |  |
| --- | --- |
| **Components** | **Scores** |
| 1. Course and outcome during hospitalization
 | 0, 1 or 2 out of 2 |
| 1. Condition at discharge (Complain and physical examination)
 | 0, 1 or 2 out of 2 |
| 1. Relevant note of cross departmental reference
 | 0 or 1 out of 0 or 1 |
| 1. Treatment details
 | 0, 0.5 or 1 out of 1 |

**Investigational Data**

|  |  |
| --- | --- |
| **Components** | **Scores** |
| 1. Highlighting key relevant investigations (Laboratory, Radiological or other) which led to diagnosis or change in management
 | 0, 0.5 or 1 out of 0 or 1 |

**Diagnosis**

|  |  |
| --- | --- |
| **Components** | **Scores** |
| 1. Final primary and secondary diagnosis based on data from history, physical examination, course and investigation
 | 0, 1 or 2 out of 2 |

**Discharge Plan (Preferably in Local Language)**

|  |  |
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| **Components** | **Scores** |
| 1. List of medication with precise information about formulation, dose, frequency, duration
 | 0, 1 or 2 out of 2 |
| 1. Words of education and counseling to parent or child about disease suffered, its further course and prognosis
 | 0 or 1 out of 0 or 1 |
| 1. Danger signs explained for immediate follow up
 | 0 or 1 out of 0 or 1 |
| 1. Plan for any investigation, change in medication, due vaccination or cross reference in future follow up
 | 0 or 1 out of 0 or 1  |
| 1. Date of next follow up
 | 0 or 1 out of 1 |