**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**

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| **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**

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| **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**

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| **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**

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| **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**

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| **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 |