

National Standard for Patient Discharge Summary Information

| Name | Optionality | Definition |
|---|--------------------|---|
| Patient complete name | Mandatory | |
| Address and contact details of the patient | Mandatory | The location to be used to contact or correspond with the patient. This would normally be the patient's usual home address. |
| Date of birth / age | Mandatory | dd/mm/yyyy format. |
| Gender | Mandatory | |
| Health identifier / IP number | Mandatory | IPD number or OPD number assigned to each member by hospital |
| Consultant details | Mandatory | Treating doctor name, specialisation and registration number |
| Unit | optional | Department |
| Date of admission / time | Mandatory | dd/mm/yyyy format. |
| Date of discharge / time | Mandatory | dd/mm/yyyy format. |
| Source of referral | Mandatory | Examples would include GP/self-referral/ambulance service/out-of-hours service/other hospital/other (please specify) |
| Method of admission | Mandatory | Example would include elective/emergency/transfer. |
| Room / ward | Mandatory | Patient occupied room type/ number etc |
| Diagnosis | Mandatory | The principal and additional diagnoses relevant to this inpatient stay should be recorded |
| Reason for hospitalization | Mandatory | chief complaint and/or history of present illness |
| Past and family history of the patient | Mandatory | Previous ailments and treatment details |
| Examination findings | Mandatory | Vital signs recorded during admission period |
| Procedures and treatment provided | Mandatory | a description of surgical, medical treatment and events occurring to a patient during his/her hospital stay) |
| Investigation findings | Mandatory | Investigation details in support to diagnosis / treatment |
| Patient's discharge condition | Mandatory | Any documentation that gives a sense for how the patient is doing at discharge or the patient's health status on discharge |
| Patient/family Instructions | Mandatory | Discharge medications / acidity orders/ therapy orders and follow up instruction |
| Attending physician's signature | Mandatory | physical signature of the attending physician on the discharge summary with designation and registration number of the doctor |
| GPLA - In case of maternity | Mandatory | about the patients' obstetric history ex. G1 P1 L0 A0 |
| MLC / FIR and details of accident in case of RTA/trauma | Mandatory | Copy of injury report is commonly issued by the medical officers |