

# Hospital Discharge Summary Format

This document serves as a standardized template for recording patient discharge information. It provides a structured format to capture essential details about a patient's hospital stay, treatment, and condition at the time of discharge.

The template ensures consistency, clarity, and completeness of information shared with patients, caregivers, and follow-up healthcare providers, supporting effective continuity of care and adherence to post-discharge instructions.

## Hospital Discharge Summary

### Hospital Logo / Name

Address: [Add Hospital Address Here]

Contact Information: [Add Contact Information Here]

### Patient Details

- Name: ..... [Patient Name]
- Age/Sex: ..... [Age and Gender]
- Patient ID / Medical Record Number: ..... [ID / Number]
- Date of Admission: ..... [Admission Date]
- Date of Discharge: ..... [Discharge Date]

### Admission Details

- Reason for Admission: .....  
.....
- Mode of Admission: [Emergency / Planned, etc.] .....

### Clinical Summary

[Include a concise summary of patient condition, diagnosis, treatment, and progress during the stay. Include major events, surgeries performed, and response to treatment.]

## Treatment Provided

[Details of all treatments or surgeries performed, medication plans, diagnostic tests, and any special procedures.]

## Discharge Condition

[Description of the patient's condition at the time of discharge.]

## Prescribed Medications at Discharge

1. [Add medication name, dosage, frequency, and duration.]
2. [Add medication name, dosage, frequency, and duration.]

## Follow-Up Instructions

1. Recommended Follow-Up: [Type of follow-up care required, e.g., outpatient care, specialist referral.]
2. Next Follow-Up Date: [Date or guidance on the timing of follow-up.]
3. Lifestyle/Dietary Instructions: [Add any specific instructions or changes required for recovery.]

## Physician's Name and Signature:

[Name of Discharging Physician]

[Contact Information, if relevant]

Signature: \_\_\_\_\_

## Patient Acknowledgment Signature:

I acknowledge that I have received and understood the above information.

Patient / Guardian Signature: \_\_\_\_\_

Date: [Date]

## Disclaimer

The contents are sample references to aid understanding of the Standards and are not prescribed by NABH as mandatory practices. Healthcare organizations are encouraged to modify them as per their scope and practices. NABH is not liable for misinterpretation, erroneous use, or non-conformities during assessment due to unmodified use of these contents.