

NEW STYLE DISCHARGE SUMMARIES

A new discharge summary and process for dictation has been designed to comply with the Trust's requirement for a 24 hour turnaround. The aim is to make the whole discharge summary process quicker, less cumbersome and more streamlined.

- All patients must have a discharge summary dictated before they leave the Unit.
- As a rule, the night SpR dictates the summaries for those patients expected to be discharged the following day.
- The secretary types the 'draft' summary in the morning and emails it to the support consultant, who checks it and sends it back to the secretary within 4 hours.
- Once checked, the summaries will be sent out - without going back to the SpR for signing off.
- The parents receive a copy of the discharge summary on leaving the unit.
- If any significant changes are made by the consultant, a copy will be emailed to the SpR for their information and learning.
- The only exception to the above, are patients discharged outside of the Trust at weekends. The SpR should type the summary into the proforma on the K drive, print a copy to accompany the patient (draft) and leaves a copy on the K drive for the secretary on Monday to post to GP and parents. These summaries must be checked by the weekend consultant on service before being given to the parents and receiving hospital.

A copy of the summary will be sent to the patient's GP, referring physician, accepting consultant and also their parents so must include appropriate details of the child's clinical course and treatment (not just current status).

What to include in the summary:

Please make the summary is relevant to the audience reading it - and keep it brief, clear and concise. The local hospital will not need or want to know every ITU detail. If they require more information, the contact numbers are given at the end of the summary.

Much of the layout remains the same; but additional sections include:

NHS no:

This is mandatory on all patient paperwork and is an area we are monitored on.

Named intensivist:

This is the admitting ICU consultant.

Service / procedures provided to the patient:

Any procedures performed while on the unit, e.g. PDA, laparotomy, line insertions, etc with dates.

Complications:

To include obvious complications, but also drug allergies, adverse reactions and patient alerts (e.g. positive for MRSA, Klebsiella, etc).

Social issues:

To include any child protection concerns or social issues raised during the admission.

Post discharge plan & follow up arrangements:

To include any outstanding issues, particularly those the receiving team must act upon, outstanding results, outpatient appointments, for example.