

Pediatric Discharge Summary

Patient Name: [Child's Full Name]
Hospital No.: [Hospital Number]
Date of Birth: [DD/MM/YYYY]
Gender: [Male/Female]
Parent/Guardian: [Name]
Contact: [Phone Number]
Address: [Home Address]

Admission Date: [DD/MM/YYYY]
Discharge Date: [DD/MM/YYYY]
Length of Stay: [X days]
Ward/Room: [Ward/Room Number]

Diagnosis

[Primary Diagnosis]
[Secondary Diagnosis]

Clinical Summary

[Brief summary of presenting complaints, examination findings, relevant history, course in hospital]

Investigations

Test	Date	Result
[CBC]	[DD/MM/YYYY]	[Result Summary]
[X-ray]	[DD/MM/YYYY]	[Result Summary]

Treatment Given

[Details of treatment, medications, procedures done]

Condition at Discharge

[Condition of child at discharge]

Discharge Medications

Medication	Dose	Frequency	Duration
[Medicine Name]	[e.g. 5 ml]	[e.g. twice daily]	[e.g. 5 days]

Advice & Follow Up

- [Advice on home care]
- [Warning signs to watch for]
- [Next follow-up appointment: DD/MM/YYYY]

Consultant/Doctor: [Doctor's Name]
Designation: [Designation]
Date: [DD/MM/YYYY]