

Inpatient Discharge Summary: Infectious Disease

Patient Information

Name: _____

Medical Record #: _____

Date of Birth: ____ / ____ / ____

Admission Date: ____ / ____ / ____

Discharge Date: ____ / ____ / ____

Attending Physician: _____

Diagnosis

Primary Diagnosis: _____

Secondary Diagnoses: _____

ICD-10 Codes: _____

Hospital Course

Brief summary of hospitalization, important events/complications, relevant findings...

Infectious Disease Details

Infection(s): _____

Identified Organism(s): _____

Source of Infection: _____

Antimicrobial Therapy: _____

| Medication | Dosage | Route | Start Date | End Date |
|------------|--------|-------|--------------------|--------------------|
| _____ | _____ | _____ | ____ / ____ / ____ | ____ / ____ / ____ |
| _____ | _____ | _____ | ____ / ____ / ____ | ____ / ____ / ____ |
| _____ | _____ | _____ | ____ / ____ / ____ | ____ / ____ / ____ |

Relevant Laboratory Results

| Date | Test | Result | Reference Range |
|--------------------|-------|--------|-----------------|
| ____ / ____ / ____ | _____ | _____ | _____ |
| ____ / ____ / ____ | _____ | _____ | _____ |

Procedures

Procedures performed during hospitalization...

Discharge Medications

| Medication | Dosage | Frequency | Duration | Indication |
|------------|--------|-----------|----------|------------|
| | | | | |
| | | | | |

Discharge Instructions & Follow-Up

Home care, precautions, follow-up appointments, infection control advice, additional instructions...

Physician's Signature

Name: _____

Date: ____/____/_____