

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_