**DISCHARGE SUMMARY TEMPLATE (Ensure Med Rec has been completed correctly prior to discharge summary)**

**ADMISSION DATE**

**DISCHARGE DATE**

**ATTENDING PHYSICIAN**

**PATIENT’S PCP and Primary Cardiologist (say “please cc discharge summary to Dr. …. at ….and cardiologist at…”)**

**ADMISSION DIAGNOSES** (Most pertinent diagnoses)

1. “Primary Diagnosis” – State the primary diagnosis (main reason for hospitalization)
2. Additional non-primary diagnosis

**DISCHARGE DIAGNOSES** (List all diagnosis)

**OPERATIONS/PROCEDURES** (Cath reports stent size, type, location, other findings EF, PA pressure etc.)

(Date/Findings)

**CONSULTS**

**BRIEF PRESENTING HISTORY AND PHYSICAL**

**PERTINENT LABS, IMAGING**

**HOSPITAL COURSE BY PROBLEM**

Each main inpatient issue should contain the following:

a. Name the problem

b. How do we know this is the problem (ie imaging, biopsy, a procedure, etc)?

c. What are we doing about this problem (ie, treatment, management)?

d. Future plans for this problem

**Please address the following in Hospital course:**

**Did your patient have an MI?**

Did you document LV function, beta blocker, aspirin, statin? ACEi/ARB if appropriate or contraindicated? Aldosterone Antagonist?

Would patient benefit from sublingual nitroglycerin? Do they need clopidogrel/prasugrel/ticagrelor?

 **Does your patient have HEART FAILURE?**

Did your patient have LV function assessed?

 Did your patient have an indication for ACEi/ARB, beta blocker, aldosterone antagonist?

 If contraindicated, document reason: ACEi held secondary to hypotension, AKI, hyperkalemia

 If patient has an ACEi allergy, ***must*** be on ARB or documented reason for contraindication in both classes.

 Discharge weight

 Referral placed to rehab

 Document Minnesota Living with Heart Failure Questionnaire score

 Was heart failure education ordered and completed?

 **PHQ9 score and discussion (on all AMI and HF patients): (enter score here) –** Did you screen for bipolar disorder?

 **“**Offered Medication therapy patient declined and will follow up with PCP”

Patient marked question #9 – “Patient denies SI or plan, was given info to Psychiatric Emergency Service” or “Patient had SI called inpatient Psych consultation, recommended follow-up to outpatient psych clinic”

**DISCHARGE MEDICATIONS**

**1. Before dictating your discharge summary complete the med rec and sign the depart process**

2. Dictate: “please import the reconciled discharge medication list from powerchart into this discharge summary”

**3. Note here any medication changes or if medications were held and for what reason.**

**FOLLOW UP/RECOMMENDATIONS**

1.All appointments, Coumadin clinic, rehab follow up, ad hoc orders, Holter monitor, etc

2. Labs and imaging that needs follow up

3. Recommendations at discharge: fluid restriction, sodium restriction, daily weight checks

4. Smoking cessation canceling

5. If >30 minutes were spent in the coordination and planning of the discharge then document:” >30 minutes were spent in the dc…”