DISCHARGE SUMMARIES – START, SAVE, EDIT AND COMPLETE A DISCHARGE SUMMARY

*Once you have the ward displayed from either **View Patients by Ward** or **Inpatient Whiteboard:***

Select your patient so their name appears in the **Patient Banner**

Right-click the patient's row then select **Add Discharge Summary** – you may need to scroll down the menu

The **Discharge Summary** window opens on top of the Careflow window.

The first screen displays showing the **Clinical date / time** as now. Change this to a date/time in the past as required:

Click the **Next** button - More tabs now display down the left-hand side.

DISCHARGE SUMMARIES – START, SAVE, EDIT AND COMPLETE A DISCHARGE SUMMARY

Diagnoses/Relevant Investigations/Procedures/Treatment *:

Discharge Summary (IP)
29-Mar-2022 14:37

Diagnoses / Relevant Investigations / Procedures / Treatment *
Medication & Allergies *
Future Management *
Legal Information
Person Completing Record *
Discharge Details *

Diagnosis *
Please enter a Diagnosis.
Clinical summary *
Procedure / treatment given *
Relevant past medical history
Asthma, Type 2 Diabetes
Please only enter details about relevant investigations
reports in this section as these are available to GP's vi
Social History
Health Status Factors
Household composition *
Select values...
Occupational history *
Select values...
Lifestyle factors *
Select values...
Back Next

* Fields with a red asterisk are mandatory

Blue text has come from the last discharge summary

Blue text does NOT appear on the summary to the GP
Either click in the box and edit or add to the text, or press **Enter** on the keyboard to confirm the data as is. The text then turns black.

* Tabs with a red asterisk indicate there are outstanding mandatory fields in that tab.

You cannot **Complete / Print** the summary if mandatory fields are outstanding.

Click each tab that you need to complete and enter the relevant data. **Medications & Allergies** tab is completed in EPMA (eLearning available) or see the **Add,Edit and Delete Medications** guide for a non-EPMA ward, if you want more detail than that shown on the next page.

You can also use the **Next** and **Back** buttons (bottom-right of the screen) to move through the tabs

Medication / Allergies / Adverse Reactions *:

Allergy

Reactions will automatically be printed in the document.
Click the red Alerts ribbon on the top left to view them.

Allergy

Allergy status unknown

You can't update allergy details here. If any allergies are missing, ensu
EPMA. They will then show in all discharge documents and will show
summary is opened.

Medication

Does the patient have prescribed medication? *

Yes

The discharge letter does not need hand signing unless it requires a supply of controlled medication

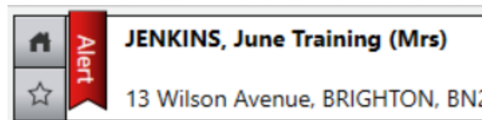
Medication started, stopped or adjusted *

Weight

KG

Care: Not all allergies are visible here but they will display in the Discharge Summary document.

Always check the allergy details by clicking on the **Alert ribbon** on the **Patient Banner**



Note: All allergies are added and edited in ePMA

Manually added medications

Table ordered by row created date in **Ascending** order.

Medication	Dose/Frequency/ Duration/NFD	Drug Status	Comments	Indication	Dispensing Status
Click 'New' to create a new item					

New

Would you like to add medications with complex instructions ?

Yes No

Record medications with complex instructions, such as reducing doses here.

Click the **New** button to add a medication.

You must enter at least 3 characters in your search criteria.

Begin with the **% symbol** as a wild card to make it easier to find medications.

Type ***non*** to record Non-Formulary Drugs – although always use the actual drug name if possible.

Refer to the **Discharge Summaries > Add Edit and Delete Medications** guide for more details.

Future Management *:

Secondary Care follow up plan

Secondary Care follow up plan *

Select values...

Additional information for secondary care

Advice for Primary Care follow-up *

Information given to patient/carer *

Select values...

CQUIN – Dementia & VTE

Documented VTE risk assessment carried o

Yes No

Reset

Select values...

- Diagnostics test
- Follow up required in
- Follow up already booked
- Other
- No follow up required
- Referral to another team

Time in Hospital since Admiss

24h 12min

Additional **Dementia questions** display for patients who are 75 or older

If this patient has been an inpatient for >72hrs has the dementia/delirium assessment been completed?

Yes No Not applicable

Reset

If you suspect delirium/dementia or other cognitive problems have you arranged appropriate follow up & documented this above?

Yes No Not applicable

Reset

Legal Information:

Mental Capacity Assessment

Mental Capacity Assessment completed?

Yes No

Advance decision to refuse treatment (ADRT) including DNACPR

Details of any refused treatments

Refused date

Lasting power of attorney for personal welfare or court-appointed deputy (or equivalent)

Power of Attorney - name

Second Power of Attorney exists?

Yes No

Reset

Safeguarding issues

Additional **Mental Capacity fields** display if you select **Yes** to the first question

Mental Capacity Assessment

Mental Capacity Assessment completed?

Yes No

Mental Capacity Assessment details

Mental Capacity Assessment completed by

Search

Advanced Search

Person Completing Record: *

Current allocated consultant
Dr Sean O'NUNAIN

This Consultant is auto-populated from the PAS

Discharging consultant specialty
Cardiology

Clinician completing the discharge summary *
BLACKWELL, Steve (Mr)

Grade *

Role
Clinician

Team contact details *

Discharge Details:

Discharge to location / destination *

Discharging ward
PRH Albourne Ward (1st Floor)

Date/time of discharge

Discharge method
Not set

Additional discharge comment

Additional multi-disciplinary notes

Additional fields display depending on what you select from these values in the **Discharge to location / destination** field

NON-HOSPITAL IN UK (HOME, CARE HOME, TEMPORARY RESIDENCE) - 04
PATIENT DIED IN UNIT - 06
INDEPENDENT HOSPITAL PROVIDER IN UK - 03
OTHER NHS TRUST SITE - 02
NON UK DESTINATION (E.G. REPATRIATION) - 05

If you have filled in as much as you can for now, but have not finished, click the **Save** button to save your progress.

*The **Complete** button will not become available until all the mandatory fields have been recorded and therefore all the asterisks have disappeared from the tabs on the left-hand side.*

NOTE: The **Complete** function is for printing the Discharge Summary which you must sign and send to Pharmacy if there are TTOs.

This is covered below…

DISCHARGE SUMMARIES – EDIT and/or COMPLETE A DISCHARGE SUMMARY

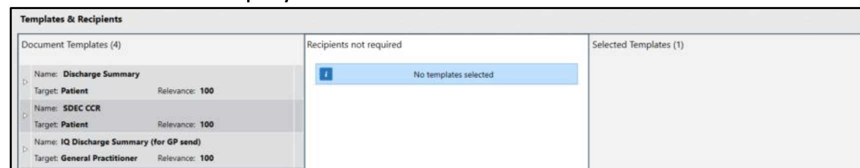
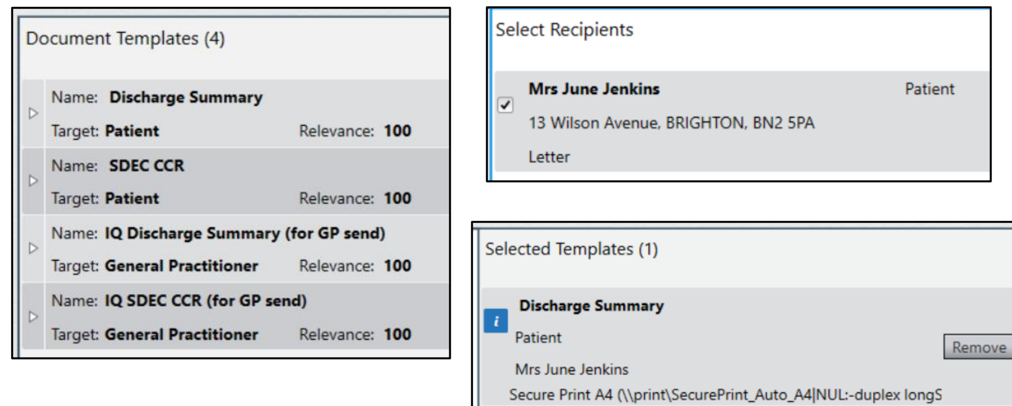
*Once you have the ward displayed from either **View Patients by Ward** or **Inpatient Whiteboard:***

Select your patient so their name appears in the **Patient Banner**

Right-click the patient's row then select **Edit Discharge Summary** as the summary has already been started - you may need to scroll down the menu

Check and update all the relevant fields.

If you are not finished, select the **Save** button again to save your changes

DISCHARGE SUMMARIES – EDIT and/or COMPLETE A DISCHARGE SUMMARY	
If the summary is finished, click the **Complete** button	The **Print screen** displays – this consists of 3 columns: 
Select the correct patient Discharge Summary in the **Document Template** column (1st column) ***Note:*** **SDEC CCR** (**S**ame **D**ay **E**mergency **C**are, **C**linical **C**are **R**ecord) is used in certain wards only, e.g. EACU, RAMU The patient is shown, already ticked, in the **Recipients** column (2nd column). Click the **Select** button in the **Recipients** column – the template moves into the **Selected Templates** column (3rd column)	
Click the **Submit** button.	The summary displays as a Word document – check the Taskbar **Care:** ***Do not make changes here as they will not display if somebody later views the summary rather than re-prints the Word document***
Close Word to send the document to the **SecurePrint** queue **Note:** You cannot print from within the Word document. Say **No** to the Save message as you will not have made changes	A confirmation message displays in the bottom-right corner of the screen.