

Resident “Hospital Course”/Discharge Summary Instructions

Overall: The hospital course is, in most cases, for the primary care provider of the patient. It should be a relatively brief “big picture” description of what happened to the child during their stay (i.e. the diagnosis and what we did) as well as things the PCP needs to do or look out for moving forward (e.g. pending labs, new meds, outpt specialist appts). The exception is when patients go to other medical facilities such as rehabilitation – these summaries benefit from some further detail.

Writing a Hospital Course in 3 steps:

1. Begin with 1-liner that states the diagnosis (or if not known, please state that the etiology is not known, and if helpful what the best thought may have been). ***If the PCP only has time to read one sentence – this is it!*
 - a. E.g. “Lucy was admitted with a severe asthma exacerbation which required PICU admission” or “Charlie was admitted for monitoring after a BRUE at home – etiology of the event most likely related to reflux given description of event and history of large volume feeds” or “Jason was admitted for overnight monitoring s/p uncomplicated T&A given h/o OSA. He did well and was discharged home on POD1.”
2. List by problem or system (whichever you think makes more sense) a brief description of what happened, including only problems/systems that are pertinent.
 - a. E.g. “Asthma: Lucy was kept on continuous albuterol for 12H and was then able to space albuterol treatments per protocol over 2 days. Pulmonology was consulted given severity of symptoms on presentation. She was started on a new controller, Flovent. She was treated with steroids and discharged with prednisolone to complete 5 day course. AAP reviewed with family. Family was advised to continue albuterol at home Q4H for 24H.”
3. End each section or the overall summary with outpatient plans/needs/recommendations for the PCP.
 - a. E.g. “Advised follow-up with PCP for repeat respiratory exam tomorrow. Will also follow-up with pulmonology as noted”; or “Recommend a repeat CBC with diff be done with PCP to follow-up the WBC in a 2-3 weeks”

Other Discharge Summary Tips:

- Do **not** include items that are not relevant to the PCP (e.g. repleting lytes, vent changes, etc).
- Do **not** include problems/systems that are not important/active
 - e.g. “CV/Resp: Vitals were monitored per protocol and were WNL” or “Neuro: Tylenol was given as needed for fever”
- If patient was in PICU prior, the PICU team will write a preliminary hospital course based on what happened in the PICU. This often doubles as a “sign out to the floor” and therefore usually includes a lot of detail. Please edit these thoughtfully.
- Most hospital courses should be short. There are a few exceptions – this includes patients being transferred to other medical facilities, e.g. rehab. These should be more detailed depending on where the patient is going, and, in particular, should have specific advice so that the facility can provide ongoing care
 - e.g. continued antibiotics with dose/route/end date, description of access and flush needs, lab plans, diet/nutrition recommendations, details of when subspecialists will follow-up with patient and phone numbers of how the facility can reach them, etc.
- When selecting pieces for the rest of the discharge summary:
 - Select labs the PCP would want to see!
 - It is often worth including an imaging report (e.g. an ECHO or MRI... but not 5 CXRs!)
 - It is often worth including important cultures and sensitivity lists
 - Definitely need to **triple** check the discharge med list