**Discharge Summary**

**Department of Paediatrics**

(Please bring this discharge summary whenever you come for consultation)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: | **{{name}}** | | | AGE: | **{{age}}** | | GENDER: | **{{gender}}** | WEIGHT: | **{{weight}}** | |
| ADDRESS: |  | | | | | | HOSPITAL No: | | **{{hospital\_no}}** | |  |
| WARD: | **{{ward}}** | | BED: | **{{bed}}** | | | INPATIENT FOLDER: | |  | | |
| DATE OF ADMISSION: | | | **{{date\_of\_admission}}** | | | | DATE OF DISCHARGE: | | **{{date\_of\_discharge}}** | |  |
|  | | | | | | | | | | |  |
| **DIAGNOSIS:** | | **{{diagnosis}}** | | | | | | | | | |
| **HISTORY:** | | {{history}}  **Immunization:**  **Developmental history:**  **Family history:** | | | | | | | | | |
| **EXAMINATION** | | O/E:  Temp: 38.4℃ , Spo2: 98% on RA, HR: 158b/min  CVS: S1+S2+  Chest: B/L EAE, B/l conducted sounds, no retractions or nasal flaring  Abdomen: Soft, NT, BS+ | | | | | | | | |  |
| **INVESTIGATIONS:** | | ALL ENCLOSED  Blood c/s (23/09/25) no growth after 72 hours of incubation. | | | | | | | | |  |
| **TREATMENT**  **AND HOSPITAL**  **COURSE:** | | **In ER:**  **After Admission:**  {{treatment\_after\_admission}} | | | | | | | | |  |
|  | | | | | | | | | | |  |
| **ON DISCHARGE CONDITION:** | | Alert, oriented,  Temp: 36.5\*C, Spo2: 99% in RA, HR:110b/min RR:28 /min  CVS: S1+S2+  Chest: B/L eae  Abdomen: Soft, NT, BS+ | | | | | | | | |  |
| **TREATMENT ON DISCHARGE:** | |  | | | | | | | | |  |
| **REVIEW:** | |  | | | | | | | | |  |
| **ADMITING AND CONSULTANT:**  Choose an item.  Consultant in Pediatrics. HMH  **DISCHARGING CONSULTANT**  Choose an item.  Consultant in Pediatrics. HMH | | | | | | ***Prepared by:***  Choose an item.  *HO, HMH*  ***Checked & edited by:***  Choose an item.  *MO, HMH* | | | | |  |