

**INTERIM DOCUMENT - DO NOT PRINT**

**XXXX DRAFT DISCHARGE SUMMARY XXXX**

ADMISSION AT St George HOSPITAL

Updated as of: XXX

Facility:	St George Hospital	To be discharged:
Admission Date:		Consulting Clinician:
Medical Service:	Renal Medical	
Attending Medical Officer:		Indigenous Status:
AMO Provider No.:		
Local Medical Officer:		
LMO Provider No.:		
LMO Address:		
LMO Phone:		LMO Fax:
Interpreter Required:		Language spoken at home:

## Department of Renal Medicine

St George Hospital T +61 2 9113 2622

Dear Doctor,

Thank you for providing ongoing care and management of XXX, a AGE y.o. GENDER, who was admitted to St George Hospital on X/10/18, under the care of **NEPHROLOGISTS NAME** (Renal Physician) as outlined below, discharged on X/10/18.

### Presenting Problems

xxx

### Principal Diagnosis

- 1.
- 2.

### Past Medical History:

(update for this admission)

- 1.
- 2.

### Summary of Progress

1. (update)

### Advance Care Planning (ACP) *[Choose/delete where applicable]*

- **PATIENT NAME** has / does not have a pre-existing ACP recorded with the St George Renal Service.
- Their ACP was / was not rediscussed this admission.

*NB: if ACP revisited, detail in free text here (refer to adhoc document in Powerchart)*

**Allergies:** Nil known drug allergies

### Discharge plan

1. Continue activities as tolerated

•

16-Nov-20

2. Continue medications as outlined above
  - Continue other regular medications
3. Continue haemodialysis on discharge *[Choose one, delete those not applicable]*
  - Safe for satellite haemodialysis at FMC Kogarah
  - Safe for satellite haemodialysis at Sutherland
  - Requires temporary incentre haemodialysis on 4West for \_\_\_ treatments
  - Continue incentre haemodialysis at 4West
4. Follow-up with your GP in 3-5 days
  - For general review
5. Follow-up with you renal physician
  -
6. Advised to represent to GP/Emergency Department for review if any concerns including the following
  -
7. Outstanding pathology / radiology for follow-up and date that admitting team will follow up
  -

If there are any further questions, please do not hesitate to contact either myself or the team.

Thank you and kind regards,

Dr **NAME** (pager 397)  
Renal Resident on behalf of NEPHROLOGISTS NAME (Renal Physician)  
St George Public Hospital (ph 9113 1111)

**Copies of discharge summary sent to:**

**GP contacted:** Pending

#### **NEPHROLOGISTS**

Renal Department St George Hospital T: 9113 2622

#### **CNCs IN NEPHROLOGY**

Chronic Kidney Disease T: 02 9113 3634

Peritoneal Dialysis T: 02 9113 3775

Vascular Access T: 9113 3818 M: 0457 756 436

Renal Supportive Care T: 02 9113 2854 M: 0427147601

Renal Transplant T: 02 9113 4205

Other useful Nephrology information can be found on

**South Eastern Sydney Health Pathways**

<https://sesydney.communityhealthpathways.org/28932.htm>

(username: sesydney password: healthcare)

**Medication being taken on discharge**

**Medication previously recorded that has not been reviewed during this visit**

**Medication ceased during this admission**