https://sites.google.com/site/medicaltranscriptionsamples/discharge-summary-medical-transcription-sample-report

Medical Transcription Discharge Summary Sample # 1:

DATE OF ADMISSION : MM/DD/YYYY
DATE OF DISCHARGE : MM/DD/YYYY
DISCHARGE DIAGNOSES :
1 . <problem> Vasovagal syncope </problem> , status post <problem> fall </problem> .
2 . <problem> Traumatic arthritis </problem> , right knee .
3 . <problem> Hypertension </problem> .
4 . History of <problem> recurrent urinary tract infection </problem> .
5 . History of <problem> renal carcinoma </problem> , stable .
6 . History of <problem> chronic obstructive pulmonary disease </problem> .
CONSULTANTS : None .
PROCEDURES : None .
BRIEF HISTORY: The patient is an (XX)-year-old female with history of <problem> previous stroke </problem> ; <problem> hypertension </problem> ; <problem> COPD </problem> , stable ; <problem> renal carcinoma </problem> ; presenting after <problem> a fall </problem> and possible <problem> syncope </problem> .
While walking , she accidentally fell to her knees and did hit <problem> her head on the ground </problem> , near <problem> her left eye </problem> .
<problem> Her fall </problem> was not observed , but the patient does not profess <problem> any loss of consciousness </problem> , recalling the entire event.
The patient does have a history of <problem> previous falls </problem> , one of which resulted in <problem> a hip fracture </problem> .
She has had <treatment> physical therapy </treatment> and recovered completely from that .
<test> Initial examination </test> showed <problem> bruising </problem> around the left eye , normal lung examination , normal heart examination , normal neurologic function with a baseline decreased mobility of <problem> her left arm </problem> .
The patient was admitted for <test> evaluation </test> of <problem> her fall </problem> and to rule out <problem> syncope </problem> and possible <problem> stroke </problem> with <problem> her positive histories </problem> .
<test> DIAGNOSTIC STUDIES: All x-rays </test> including <problem> left foot , right knee , left shoulder and cervical spine </problem> showed no <problem> acute fractures </problem> .
<problem> The left shoulder did show old healed left humeral head and neck fracture </problem> with <problem> baseline anterior dislocation </problem> .
<test> CT of the brain </test> showed no <problem> acute changes </problem> , <problem> left periorbital soft tissue swelling </problem> .
<test> CT of the maxillofacial area </test> showed no <problem> facial bone fracture </problem> .
<test> Echocardiogram </test> showed normal left ventricular function , <test> ejection fraction </test> estimated greater than 65% .
HOSPITAL COURSE :
1 . Fall : The patient was admitted and ruled out for <problem> syncopal episode. </problem>
<test> Echocardiogram </test> was normal , and when the patient was able , <test> her orthostatic blood pressures </test> were within normal limits .
Any serious conditions were quickly ruled out.
2 . Status post fall with trauma : The patient was unable to walk normally secondary to <problem> traumatic injury of her knee </problem> , causing <problem> significant pain </problem> and <problem> swelling </problem> .
Although <test> a scan </test> showed no <problem> acute fractures </problem> , the patient's frail status and previous use of cane prevented her regular abilities .

She was set up with a skilled nursing facility , which took several days to arrange , where she was to be given <treatment> daily physical therapy </treatment> and <treatment> rehabilitation </treatment> until appropriate for her previous residence .
DISCHARGE DISPOSITION : Discharged to skilled nursing facility .
ACTIVITY : Per physical therapy and <treatment> rehabilitation </treatment> .
DIET : <problem> General cardiac </problem> .
MEDICATIONS : <problem> Darvocet-N </problem> 100 one tablet p.o. q.4-6 h. p.r.n. and <treatment> Colace </treatment> 100 mg p.o. b.i.d.
<treatment> Medications </treatment> at Home : <treatment> Zestril </treatment> 40 mg p.o. daily , <treatment> Plavix </treatment> 75 mg p.o. daily , <treatment> Norvasc </treatment> 5 mg p.o. daily , <treatment> hydrochlorothiazide </treatment> 50 mg p.o. daily , <test> potassium chloride </test> 40 mEq p.o. daily , <treatment> Atrovent inhaler </treatment> 2 puffs q.i.d. , <treatment> albuterol inhaler </treatment> 2 puffs q.4-6 h. p.r.n. , <treatment> clonidine </treatment> 0.1 mg p.o. b.i.d. , <problem> Cardura </problem> 2 mg p.o. daily , and <problem> Macrobid </problem> for <treatment> prophylaxis </treatment> , 100 mg p.o. daily.
FOLLOWUP :
1 . Follow up per skilled nursing facility until discharged to regular residence .
2 . Follow up with primary provider within 2-3 weeks on arriving to home .