**Hospital Discharge Summary**

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| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_— \_\_ \_\_ \_\_ \_\_ \_\_ | |
| Hospital name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of admission: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY) | |
| Date of discharge: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY) | |
| Main reason for hospitalization (mark only one) | ☐ Treatment initiation  ☐ Infection control  ☐ Adverse event  ☐ Co-morbidity  ☐ Severe clinical condition  ☐ Surgical operation  ☐ Patient behavior  ☐ Social reason  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Unknown |
| Discharge diagnosis (final reason for hospital admission):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Are you reporting a NEW AE?  If YES, enter the AE ID number here: | ☐ Yes ☐ No  \_\_\_\_\_\_\_\_\_\_\_ |
| If reporting a NEW AE, is this a NEW SAE?  If YES, enter the SAE ID number here: | ☐ Yes ☐ No  \_\_\_\_\_\_\_\_\_\_\_ |
| Does the patient have an ongoing adverse event that does not have a final outcome? | ☐ Yes ☐ No |
| Has there been a change in the TB regimen or concomitant medications, including dosage adjustment, stopping a medication, or adding a new medication? | ☐ Yes ☐ No |

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| Hospital course (optional): |
| Other notes or comments: |

**TB-related surgery**

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| Did the patient receive TB-related surgery during the hospital admission? | ☐ Yes ☐ No  If YES, date of the TB-related surgery:  \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Mark the type of surgery: | ☐ Pneumonectomy  ☐ Lobectomy  ☐ Segmental or wedge resection  ☐ Decortication  ☐ Thoracostomy  ☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Indication for surgery: | ☐ Failure of culture conversion  ☐ Destroyed or trapped lung  ☐ Complicated/persistent cavit(ies)  ☐ Massive hemoptysis  ☐ Empyema or pleural effusion  ☐ Re-operation for complication  ☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |