Inpatient rehabilitation multidisciplinary
discharge summary

This template is designed as a sample of information that could be included in a paediatric rehabilitation discharge summary. The information included needs to be tailored to individual patients and their rehabilitation program. Not all sections or parts will be applicable and those not required should be removed before the document is finalised.

# Patient details

|  |  |
| --- | --- |
| **Name** |  |
| **MRN** |  |
| **Date of birth (age)** |  |
| **Address** |  |
| **Parent and/or carer names** |  |
| **Phone**  |  |
| **Acute care admission** |  |
| **Rehabilitation admission** |  |
| **Discharge or transfer date** |  |

# Multidisciplinary team details

The following individuals are key contacts from X’s inpatient rehabilitation admission at ABC hospital.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Discipline** | **Email** | **Phone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Medical summary

# Allied health summary

# Nursing summary

# Standardised assessments

These measures are used to judge the severity of a brain injury and assist the team in planning for rehabilitation.

## Glasgow Coma Scale (GCS)

The GCS is a score out of 15 that is used to assess the level of consciousness by assessing how well a person can respond to commands.

|  |  |
| --- | --- |
|  | **GCS score** |
| **Initial or at scene** |  |
| **Lowest** |  |
| **On arrival at hospital** |  |

## Post-Traumatic Amnesia (PTA)

PTA is part of the recovery process following a traumatic brain injury. During this time the patient might be disorientated, confused and unable to remember events that occur after the injury. The measure is the number of days in which PTA is present.

|  |  |
| --- | --- |
|  | **Number of days of PTA** |
| **Measured** |  |
| **Estimated** |  |

# Outcome measures

## Functional Independence Measure for children (WeeFIM)

The WeeFIM score gives an indication of the child’s level of independence and how much assistance they need to complete daily tasks. It is assessed at the beginning and end of the rehabilitation admission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Self-care/56** | **Mobility/35** | **Cognition/35** | **Total/126** |
| **Admission**  |  |  |  |  |
| **Discharge**  |  |  |  |  |
| **Age norms** |  |  |  |  |

## Canadian Occupational Performance Measure (COPM)

The COPM supports families to identify occupational performance problems which are most important to them. It includes scoring (1=low, 10=high) of performance and satisfaction of an identified issue. This is assessed at the beginning and end of the rehabilitation admission. Occupational performance refers to the performance of groups of activities and tasks of everyday life… “Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity)”.[[1]](#footnote-1)

|  |  |  |
| --- | --- | --- |
| **Identified occupational performance problems** | **Performance** | **Satisfaction** |
| **Initial** | **Discharge** | **Initial** | **Discharge** |
| 1 |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| **Scoring** |
| **Total** |  |  |  |  |
| **Number of problems** |  |  |  |  |
| **Total score** **(total ÷ number of problems)** |  |  |  |  |

# Goal review and planning

The following goal review is based upon the goal(s) identified from the occupational performance problems in the (COPM).

## Goal 1:

* Intervention (describe):
* Outcome (measure):
* Future plans, additional goals or updated goal (define):

## Goal 2:

# Follow-up plans and appointments

## Therapy and equipment

## Return to school

## Paediatric Rehabilitation Service

## Other tertiary services

# Community team key contacts

The following details are for the team who will provide care to X in their local community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Discipline** | **Email** | **Phone number** | **Business or location** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## CC list

Copies of this discharge summary should be provided to:

* General practitioner
* Local paediatrician and/or Level 4 local health district facility
* Parents
* Other specialists involved in patient care.

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1. Law M, Baptiste S, Carswell A, et al. The Canadian Occupational Performance Measure (COPM). 5th ed. Ottawa, Canada: Canadian Association of Occupational Therapists; 2014. Available from: <https://www.thecopm.ca/> [↑](#footnote-ref-1)