**Hospital Course/Narrative Summary Template**

Complete and Copy & Paste into section in MultiD Hospital Course/Narrative Summary

See associated guidance for further instructions.

**Key:**

Black Text = Standard. Do not edit.

[RED TEXT] = Simple Insertion (name, date)

[GREEN/TEXT] = Choose appropriate option

{\*\*\*TEXT\*\*\*} = Narrative. Edit per guidance.

**Patient Summary**

Dear [NAME],

You were admitted to the [Internal Medicine/Oncology/Cardiology] service at Walter Reed National Military Medical Center for {\*\*\*SUMARY OF SYMPTOMS, ILLNESS, DIAGNOSIS \*\*\*}. You were treated for this with {\*\*\*SUMMARY OF TREATMENT\*\*\*}. At discharge, {\*\*\*summary of condition at discharge/response to treatment\*\*\*}.

It is important that you:

* Review your medication list below and note new medications, dose changes to old medications, and stopped medications.
* Create and maintain a list of active medications. Bring this list with you to all appointments.
* Follow the Diet, Activity, and Wound Care Instructions provided below.
* Attend all follow-up appointments listed below. Bring a copy of this summary with you to all follow-up appointments.
* Present for lab work at any military laboratory facility prior to your follow-up appointment with your primary care manager (see below for time and date).
* {\*\*\*ADMISSION SPECIFIC INSTRUCTIONS AS APPLICABLE\*\*\*}

If you experience any of the following, please seek medical care immediately:

{\*\*\*DIAGNOSIS-SPECIFIC RETURN PRECAUTIONS\*\*\*}

**Provider Summary:**

[Rank/Mr./Mrs.] [NAME] presented with {\*\*\*CHIEF COMPLAINT/PRESENTING PROBLEM\*\*\*}. {\*\*\* 1-3 ADDITIONAL SENTENCES EXPLAINING BROAD OVERARCHING HOSPITAL COURSE\*\*\*}.

The following issues were addressed during the hospitalization:

# [ACUTE PROBLEM 1]: {\*\*\*WORK-UP, TREATMENT, RESPONSE\*\*\*}

# [ACUTE PROBLEM 2]: {\*\*\*WORK-UP, TREATMENT, RESPONSE\*\*\*}

# [CHRONIC PROBLEM 1]: {\*\*\*MEDICATION CHANGE AND MEDICAL-DECISION-MAKING/RATIONALE FOR CHANGE\*\*\*}

# [CHRONIC PROBLEM 2]: {\*\*\*MEDICATION HELD/STOPPED AND MEDICAL-DECISION-MAKING/RATIONALE FOR HOLDING/STOPPING\*\*\*}

Advanced Directives/Code Status Discussions: {\*\*\*SUMMARY OF CODE STATUS DISCUSSIONS\*\*\*}

Cognitive Status at Discharge: {\*\*\*SUMMARY OF COGNITIVE STATUS\*\*\*}

Face to face review of the discharge instructions and medications occurred with [Rank/Mr./Mrs.] [NAME], the {\*\*\*patient or patient proxy\*\*\*}, on the day of discharge: {\*\*\*Yes or No\*\*\*}

[Rank/Mr./Mrs.] [NAME], the {\*\*\*patient or patient proxy\*\*\*}, expressed understanding of all discharge instructions and medications with all questions being satisfactorily answered: {\*\*\*Yes or No\*\*\*}

Walter Reed Discharge Activity Guidelines

Fillable DC Summary Activity Guidelines

Overview: Physical activity has many health benefits and can be performed safely with most medical conditions. The following recommendations are shown to have many health benefits. Work to progressively increase activity to meet these recommendations. Be as physically active as your abilities and conditions allow. If you have questions, talk with your doctor. If you struggle to meet these recommendations, know that some activity is better than nothing. For additional information, search: “American Activity Guidelines” online.

Your prescribed activity guidelines:

[Copy the appropriate guideline here]

1. **General adult activity guidelines:**

[If no limitations delete the following injury specific guidance] Due to your [injury/reason for hospitalization (recent fall, broken bone, heart attack)], it is recommended that you limit your activity to [restriction + possible timeframe]. Follow up with your doctor/physical therapist for additional guidance.

Aim for at least 150 minutes per week of moderate-intensity exercise (brisk walk, hiking at a level you cannot easily carry on a conversation), or at least 75 minutes per week of vigorous-intensity aerobic activity (running, biking, swimming at a level that is difficult to maintain). Additionally, work toward performing exercises that strengthen all major muscle groups on 2 or more days a week (body weight, weight machines, barbell training). Stretch all major muscle groups to the point of tightness for at least 30 seconds twice a week.

1. **Elderly adult with home PT/OT:**

[If no limitations delete the following injury specific guidance] Due to your [injury/reason for hospitalization (recent fall, broken bone, heart attack)], it is recommended that you limit your activity to [restriction + possible timeframe]. Follow up with your doctor/physical therapist for additional guidance.

You are being discharged with home physical therapy and/or occupational therapy. The goal of these services is to optimize your physical activity to improve your health and wellbeing as well as to help you become more independent in your own home. The therapists will work with you on your mobility and may recommend some lifestyle choices. We encourage to work with your therapists as much as possible and progressively work with them to meet their recommendations. As your health improves, work to meet the following guidelines.

Aim for at least 150 minutes per week of moderate-intensity exercise (walk, water aerobics, gardening), or at least 75 minutes per week of vigorous-intensity aerobic activity (hiking, biking, tennis). Additionally, work towards performing exercises that strengthen all major muscle groups on 2 or more days a week (body weight, weight machines, barbell training). Safely incorporate activities that involve balance training (walking heel-to-toe, walking on uneven surfaces, using a wobble board).

1. **Elderly adult with SAR PT/OT**

[If no limitations delete the following injury specific guidance] Due to your [injury/reason for hospitalization (recent fall, broken bone, heart attack)], it is recommended that you limit your activity to [restriction + possible timeframe]. Follow up with your doctor/physical therapist for additional guidance.

You are being discharged to a sub-acute rehabilitation facility (SAR) and will engage with physical therapy and/or occupational therapy services while you are there. The goal of these services is to optimize your physical activity to improve your health and wellbeing as well as to help you become more independent. The therapists will work with you on your mobility and may recommend some lifestyle choices. We encourage you to work with your therapists as much as possible and progressively work with them to meet their recommendations. When you leave facility, work to meet the following recommendations:

Aim for at least 150 minutes per week of moderate-intensity exercise (walk, water aerobics, gardening), or at least 75 minutes per week of vigorous-intensity aerobic activity (hiking, biking, tennis). Additionally, work towards performing exercises that strengthen all major muscle groups on 2 or more days a week (body weight, weight machines, barbell training). Safely incorporate activities that involve balance training (walking heel-to-toe, walking on uneven surfaces, using a wobble board).