# **TSIDISCHARGESUMMARY**

#### @DEPARTMENTLOGIN@

## **Thoracic Surgery Discharge Summary**

Patient ID:

Name: @NAME@MRN: @MRN@Age: @AGE@DOB: @BDAY@

Date of service: @TD@ @NOW@

Admit Date: @ADMITDT@

**Discharge Date:** \*\*\*

Surgeon: \*\*\*

Requesting/Referring Physician: \*\*\* {REQUESTING/REFERRING

PHYSICIAN:24763}

Admission Diagnoses: @ADMITDX@

## **Discharge Diagnoses**:

{DIAGNOSIS STATUS:24781} {Blank single:19197::"pathologic", "clinical"} AJCC/UICC 8<sup>th</sup> edition stage \*\*\*, (T\*\*\*N\*\*\*M\*\*\*) of the \*\*\* with R {R RATING:24782} resection.

Problem list: @PROB@

<u>Time Statement</u>: {Blank single:19197:: "N/A", "I spent more than 30 minutes in patient care and coordination with this discharge"}

Procedures: \*\*\*

Consults: {consultation:18241}

**Hospital Course: \*\*\*** 

### Complications:

Complications.	
1. {Blank single:19197::"None"}	1. NA
2. {Blank single:19197::"Pneumonia", "Unexpected return to OR", "Reintubation/Respiratory failure", "ARDS", "Bronchopleural fistula", "Initial ventilator support > 48hrs", "Tracheostomy", "Pulmonary embolus", "Myocardial	TS MM: Grade and Definition of Complication - Any deviation from a normal postoperative course.  {Blank single:19197::"Minor: Grade I - Any complication without need for

infarction", "Atrial arrhythmia requiring treatment", "Postoperative transfusion", "Acute Encephalopathy", "Acute Renal Insufficiency", "Death", "\*\*\*"}

3. {Blank single:19197::"Pneumonia", "Unexpected return to OR", "Reintubation/Respiratory failure", "ARDS", "Bronchopleural fistula", "Initial ventilator support > 48hrs", "Tracheostomy", "Pulmonary embolus", "Myocardial infarction", "Atrial arrhythmia requiring treatment", "Postoperative transfusion", "Acute Encephalopathy", "Acute Renal Insufficiency", "Death", "\*\*\*"}

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"Pulmonary embolus", "Myocardial
infarction", "Atrial arrhythmia requiring

pharmacologic treatment or other intervention", "Minor: Grade II - Any complication that requires pharmacologic treatment or minor intervention only", "Major: Grade III - Any complication that requires surgical, radiologic, endoscopic intervention, or multitherapy", "Major: Grade Illa - Intervention does not require general anesthesia", "Major: Grade IIIb -Intervention requires general anesthesia", "Major: Grade IV - Any complication requiring intensive care unit management and life support", "Major: Grade IVa - Single organ dysfunction", "Major: Grade IVb -Multiorgan dysfunction", "Mortality: Grade V - Any complication leading to the death of the patient"}Grade V - Any complication leading to the death of the patient."}

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treatment", "Postoperative transfusion", "Acute Encephalopathy", "Acute Renal Insufficiency", "Death", "\*\*\*"}

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complication that requires pharmacologic treatment or minor intervention only", "Major: Grade III - Any complication that requires surgical, radiologic, endoscopic intervention, or multitherapy", "Major: Grade Illa - Intervention does not require general anesthesia", "Major: Grade IIIb -Intervention requires general anesthesia", "Major: Grade IV - Any complication requiring intensive care unit management and life support", "Major: Grade IVa - Single organ dysfunction", "Major: Grade IVb -Multiorgan dysfunction", "Mortality: Grade V - Any complication leading to the death of the patient"}Grade V - Any complication leading to the death of the patient."}

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Chest tube(s) duration: {GEN NUMBER 0-10 2:24793} days.

Room air oxygen saturation on day of discharge: \*\*\*

Home oxygen: {YES/NO/N/A:21578}

Diet at discharge: \*\*\*

### Physical Exam:

@VITALS@

General: Alert, appropriate, no acute distress Wounds: dry and intact without evidence of infection

#### Discharge Status:

At post-operative day # {GEN NUMBER 0-10 2:24793} patient can be discharged from hospital.

## Labs 48 hrs prior to discharge:

@LAB48@

## **Dispositon**:

{DISPOSITION 2:24783}

## **Prescribed medications**:

@MEDDISCHARGE@

### Resume home medications:

@PTAMEDS@

## Patient Instructions (see additional instructions placed into Epic):

No driving while taking narcotic pain medication.

Walk more frequently and longer every day.

Patient may shower and blot incisions dry. No baths or swimming.

Smoking Cessation counseling and information was provided to the patient. {yes no:314532::"no"}.

The current plan \*\*\*.

### Follow-up with:

Your thoracic surgeon \*\*\* weeks from discharge. Primary Care Provider 1 month from discharge Other Specialist: {FOLLOW UP SPECIALIST:24784}

Please refer to the discharge information sheets which include: Thoracic surgery discharge instructions and/or recommendations for follow-up after lung cancer or other

cancer surgery.

## Signed:

@MECRED@ @TD@ @NOW@

CC:

Participating care providers: \*\*\*