



**MEMO ANTARA BAHAGIAN  
UNIT KUALITI  
HOSPITAL SULTANAH AMINAH, JOHOR BAHRU**

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Ruj. Fail	Bil ( 48 ) dlm.HSAJB/SUK/Q01-03 Jld.6	Tarikh	31 Oktober 2022
Kepada	Ketua Jabatan Rekod Perubatan	Salinan kepada :  - Fail	
Daripada	Ketua Penolong Pengarah Kanan (Kualiti)		
Perkara	<b>PEMAKLUMAN SENARAI BORANG <i>DISCHARGE SUMMARY</i> YANG TELAH DIDAFTARKAN DI HOSPITAL SULTANAH AMINAH JOHOR BAHRU</b>		

Dengan segala hormatnya saya merujuk kepada perkara di atas.

2. Adalah dimaklumkan bahawa senarai borang seperti di Lampiran A merupakan borang-borang yang telah berdaftar di Hospital Sultanah Aminah Johor Bahru. Namun demikian, untuk mengetahui sama ada borang-borang tersebut masih aktif digunakan, pihak tuan perlulah berhubung dengan jabatan berkenaan.

3. Sehubungan dengan itu, dilampirkan juga salinan keras borang-borang seperti yang dinyatakan di Lampiran A untuk rujukan pihak tuan.

4. Sila berhubung terus ke Unit Kualiti, disambungan 2000 (u/p PPP Bennedy Anak Minyis) jika terdapat sebarang pertanyaan mahupun menghadapi kesulitan berkenaan perkara ini. Kerjasama tuan dalam perkara ini didahului dengan ucapan jutaan terima kasih.

Sekian.

“WAWASAN KEMAKMURAN BERSAMA 2030”

( DR. HJH. MARDYIANA BINTI MD SEMAN )



## Lampiran A

### SENARAI BORANG-BORANG *DISCHARGE SUMMARY* YANG DIDAFTARKAN DI HSAJB

BIL.	JABATAN / UNIT	TAJUK / NAMA BORANG	NO. PENDAFTARAN BORANG
1.	Jabatan Pembedahan Am	10 Discharge summary General Surgery	HSAJB/SURG-10/VER1.0/2014
2.	Jabatan Psikiatri	10 Discharge Summary Psychiatry	HSAJB/PSY-10/VER 1.0/2014
3.	Jabatan Perubatan Respiratori	08 Discharge Summary Respiratory	HSAJB/RESPI-08/VER1.0/2014
4.	Jabatan Obstetrik & Ginekologi	126 Postnatal Discharge Summary Form – 16.06.2022	HSAJB/O&G-126/VER1.0/2022
5.	Jabatan Pediatrik	22 Neonatal discharge checklist wad A3 SCN	HSAJB/PED-22/VER1.0/2018
6.	Jabatan Neurosurgeri	26 Discharge Summary for Trauma Neurosurgical Cases in HSAJB – 20.06.2021	HSAJB/NSX-26/VER1.0/2021
		09 Discharge Summary for Neurosurgery Cases	HSAJB/NSX-09/VER1.0/2014
7.	Jabatan Urologi	07 Discharge Summary Urology	HSAJB/URO-07/VER1.0/2014
8.	Jabatan Pembedahan Plastik	01 Discharge summary plastic surgery	HSAJB/PLASTIK-01/VER1.0/2014
		07 Discharge Summary Plastik Surgery	HSAJB/PLASTIK-07/VER1.0/2014
9.	Jabatan Orthopedik	14 Discharge Summary Form Ortho Ward	HSAJB/ORTHO-14/VER 1.0/2014
10.	Jabatan Anesthesiologi	28 Discharge Summary ICU Anesthesiology	HSAJB/ANEST-ICU-28/VER 1.0/2014

*\*\*\*Dikemaskini pada 31 Oktober 2022*

**DISCHARGE SUMMARY**

**DEPARTMENT OF GENERAL SURGERY, HOSPITAL SULTANAH AMINAH, JB**

Name : \_\_\_\_\_ Ward : \_\_\_\_\_ RN : \_\_\_\_\_  
 IC : \_\_\_\_\_ Date of admission : \_\_\_\_\_ Date of discharge : \_\_\_\_\_

Clinical summary \_\_\_\_\_  
 Diagnosis : \_\_\_\_\_

Relevant investigations	Date	Findings

Procedure performed	Surgeons	Operative Findings	Date of procedure

Progress : \_\_\_\_\_

STO / Dressing on : .....  
 Further plans : \_\_\_\_\_  
 Follow up on .....to see.....  
 Medications :

Summary prepared by : DR .....

Date : .....



**DEPARTMENT OF PSYCHIATRY & MENTAL HEALTH  
HOSPITAL SULTANAH AMINAH, JOHOR BAHRU**

Old Case

New Case

**DISCHARGE SUMMARY**

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

I/C: \_\_\_\_\_ (Old) R/N: \_\_\_\_\_  
 \_\_\_\_\_ (New)

Address ( Give current address and phone number )

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel: \_\_\_\_\_

Source Of Referral: \_\_\_\_\_

Date Of Admission: \_\_\_\_\_ Date Of Discharge: \_\_\_\_\_ Ward: \_\_\_\_\_

Diagnosis ( either ICD 10 or DSM IV, please specify ):

Axis 1: \_\_\_\_\_ GAP: \_\_\_\_\_

Axis 2: \_\_\_\_\_

Axis 3: \_\_\_\_\_

Stressor: \_\_\_\_\_

Scales used :

HoNes

BPRS

BDI

MMSE

Others:

(please state)

Initial

Discharge

**Salient features of presenting problems ( in point form ):**

- 1.
- 2.
- 3.
- 4.

**Family History ( Draw a genealogical chart )**

**Personal History ( include schooling, marriage, no. of children, present work and duration, length of unemployment if not working, use of drugs etc )**

**Investigation Results :**

**Medication on discharge :**

**Discharge plan ( include follow-up and next TCA, psychological issues etc. )**

- 1.
- 2.
- 3.
- 4.

**Signed :**

**Medical Officer :**

**Specialist :**



**JABATAN PERUBATAN RESPIRATORI (DADA)  
HOSPITAL SULTANAH AMINAH  
80100 JOHOR BAHRU**



**DISCHARGE SUMMARY**

NAME:	DOA:
I/C NO:	DOD:
KD NO:	

**PRESENTING SYMPTOMS:**

**Signs:**

**Diagnosis:**

**Investigations:**

1. CXR
2. BRONCHOSCOPY
3. CT SCAN
4. OTHER PROCEDURE

**Blood Ix:**

**MANAGEMENT & TREATMENT:**

**DISCHARGE / REFERRAL :**







# NEONATAL DISCHARGED CHECKLIST

## WAD A3 SCN

NAME :

RN:

DIAGNOSIS:

DATE OF ADMISSION:

DATE OF DISCHARGED:

**BIL. PARTICULAR**

- |    |  |   |                               |                        |
|----|--|---|-------------------------------|------------------------|
| 1  | BABY CHECK BY DOCTOR PRIOR TO DISCHARGED   |   |                               |                        |
| 2  | PARENT INFORMED  |   |                               |                        |
| 3  | WEIGHT TAKEN PRIOR DISCHARGED  |   |                               |                        |
| 4  | FOLLOW UP APPOINTMENT MADE AND GIVEN   |   |                               |                        |
| 5  | BILLING SETTLED BY PARENT  |   |                               |                        |
| 6  | MAKE SURE THAT THE CORRECT BABY IS GIVEN BY CHECKING BABY'S ID BAND WITH PARENTS |   |                               |                        |
| 7  | HEALTH EDUCATION   |   |                               |                        |
|    | a) FEEDING -   | BREAST FEEDING                                  | -                             | FREQUENCY OF FEEDING   |
|    |  |   | -                             | MOTHER 'S DIET         |
|    |  |   | -                             | DO'S AND DON'T         |
|    |  | FORMULA FEEDING                                 | -                             | FREQUENCY FEEDING      |
|    |  |   | -                             | PREPARATION OF FEEDING |
|    | b) JAUNDICE  | OBSERVE SIGN & SYMPTOM                          |                               |                        |
|    | c) CORD CLEANING   |   |                               |                        |
| 8  | EXPLAINED BABY HEALTH ON   | - IMUNIZATION SCHEDULE                          |                               |                        |
|    |  | - REACTION OF BCG                               |                               |                        |
| 9  | EXPLAINED MEDICATION   | MEDICATION /SUPPLIMENT THAT NEED TO BE CONTINUE |                               |                        |
| 10 | EXPLAINED BIRTH CERTIFICATE REGISTRATION   |   |                               |                        |
| 11 | ENCOURAGE PARENT TO ASK QUESTION   |   |                               |                        |
| 12 | RETURN PROPERTHY BELONGING TO PARENT   | a)HOME BASE BOOK/CARD                           |                               |                        |
|    |  | b)ANTENATAL BOOK                                |                               |                        |
|    |  | c)PARENT I/C                                    |                               |                        |
| 13 | SPECIAL INSTRUCTION  | a) G6PD DEFCIENCY                               |                               |                        |
| 14 | APPOINTMENT  | a) MOC/RVD                                      | CARD <input type="checkbox"/> | LETTER                 |
|    |  | b)CARDIO  |                               |                        |
|    |  | c)HEARING ASSESMENT                             |                               |                        |
|    |  | d)EYE/ROP                                       |                               |                        |
|    |  | e)SFUC  |                               |                        |
|    |  | f)ORTHO   |                               |                        |
|    |  | g)NEURO   |                               |                        |
|    |  | h) SKIN   |                               |                        |
|    |  | i)PLASTIC                                       |                               |                        |
|    |  | j)PHYSIO  |                               |                        |
|    |  | k)OCT   |                               |                        |
|    |  | l)OTHERS (ex.referral other hosp.)              |                               |                        |

BABY RELEASE TO :		
	(MOTHER /FATHER NAME)	NAME OF STAFF
I/C NO		
DATE AND TIME		
		SIGNATURE OF STAFF
	(SIGNATURE MOTHER /FATHER)	



**DISCHARGE SUMMARY FOR TRAUMA NEUROSURGICAL CASES HSAJB**

**NAME:** ..... **IC/PASSPORT:**.....  
**RN:** ..... **ADDRESS:** .....  
**AGE:** ..... **SEX:** .....  
**DOA:** ..... **DOD:** .....  
**CAUSE OF TRAUMA:** ..... **DATE**(...../...../.....)

**IMAGING FINDING:**

**CT BRAIN:** .....  
**CT CERVICAL:** .....  
**OTHER IMAGING:** .....

**MAIN DIAGNOSIS:**

.....

**OTHER DIAGNOSIS:**

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....

**TREATMENT:**

.....

**SURGERY:**

- 1) ..... (...../...../.....) **SURGEON:**.....
- 2) ..... (...../...../.....) **SURGEON:**.....
- 3) ..... (...../...../.....) **SURGEON:**.....
- 4) ..... (...../...../.....) **SURGEON:**.....
- 5) ..... (...../...../.....) **SURGEON:**.....

**GCS UPON ADMISSION:** (E /V /M ) PUPIL (R /L )

**GCS UPON DISCHARGE:** (E /V /M ) PUPIL (R /L )

**DISCHARGE**(HOME/DEPARTMENT/ HOSPITAL):

**DISCHARGE MEDICATION:**

**MANAGMENT:**

- |         |  |
|---------|--|
| 1)..... | 1) REHAB TCA (...../...../.....).....  |
| 2)..... | 2) OCT TCA (...../...../.....).....    |
| 3)..... | 3) PHYSIO TCA (...../...../.....)..... |
| 4)..... | 4) STO DATE (...../...../.....) @..... |
| 5)..... | 5) OTHERS.....                         |

**FOLLOW UP REMARKS AND PLAN:**

- |         |          |
|---------|----------|
| 1)..... | 6).....  |
| 2)..... | 7).....  |
| 3)..... | 8).....  |
| 4)..... | 9).....  |
| 5)..... | 10)..... |

**PREPARED BY:**.....

**VERIFIED BY:**.....



**DISCHARGE SUMMARY FOR NEUROSURGICAL CASES HSAJB**

<b>NAME:</b>		<b>DOA:</b>	<b>DOD:</b>
<b>ADDRESS:</b>		<b>R/N:</b>	<b>I/C:</b>
<b>DIAGNOSIS:</b>		<b>AGE:</b>	<b>SEX:</b>
<b>NEUROLOGICAL DEFICIT</b>	<b>SPECIFIED DEFICIT</b>	<b>UNDERLYING CAUSES</b> <input type="checkbox"/> TRAUMA <input type="checkbox"/> NON TRAUMA	
<b>CONSCIOUSNESS</b> <input type="checkbox"/> INTACT <input type="checkbox"/> IMPAIRED		<b>OTHER INJURIES</b> <b>SPECIFIED INJURIES</b> MAXILLO-FACIAL CERVICAL CHEST ABDOMEN PELVIS SPINE ARMS LEGS	
<b>MENTAL FUNCTION</b> <input type="checkbox"/> INTACT <input type="checkbox"/> IMPAIRED			
<b>CRANIAL NERVES</b> <input type="checkbox"/> INTACT <input type="checkbox"/> IMPAIRED			
<b>MOTOR FUNCTION</b> <input type="checkbox"/> INTACT <input type="checkbox"/> IMPAIRED			
<b>CEREBELLAR FUNCTION</b> <input type="checkbox"/> INTACT <input type="checkbox"/> IMPAIRED			
<b>SENSORY FUNCTION</b> <input type="checkbox"/> INTACT <input type="checkbox"/> IMPAIRED			
<b>SURGERY:</b>			
<b>PROGRESS</b> <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGE <input type="checkbox"/> WORSEN <input type="checkbox"/> DIED		<b>DISCHARGE</b>	<b>AOR</b> <b>HOME</b> <b>OTH. HOSP.</b> <b>OTH. DEPT.</b>
<b>MEDICATIONS</b>		<b>FOLLOW UP REMARKS</b>	
		Summarized by: Date:	







Plastic Surgery , Hospital Sultanah Aminah, Johor Bahru

Name : \_\_\_\_\_

D.O.B : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_ IC No : \_\_\_\_\_ RN : \_\_\_\_\_

Date of admission : \_\_\_\_\_ Date of discharge : \_\_\_\_\_

History /examination :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigations : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Diagnosis : 1. \_\_\_\_\_  
2. \_\_\_\_\_

Operation date : \_\_\_\_\_ Operation : \_\_\_\_\_

Surgeon : \_\_\_\_\_ Assistant : \_\_\_\_\_

Findings : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post-operative recovery : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discharge instructions : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctors name : \_\_\_\_\_ Signature : \_\_\_\_\_



HSAJB/PLASTIK-07/VER 1.0/2016

**HOSPITAL SULTANAH AMINAH  
JOHOR BAHRU**

**Tarikh :**

Daripada : Jabatan Pembedahan Plastik

Kepada : Pembantu Perubatan / Jururawat Terlatih Y/M.

Tuan / Puan,  
Adalah dimaklumkan bahawa,

Nama Pesakit: \_\_\_\_\_ K/P No: \_\_\_\_\_

Diagnosa : \_\_\_\_\_ R/N : \_\_\_\_\_

Penama diatas memerlukan,

Prosedur : STO : \_\_\_\_\_

Dressing : \_\_\_\_\_

ECG : \_\_\_\_\_

Diatas kerjasama pihak tuan / puan saya dahulukan dengan ucapan terimakasih.

.....  
( )



DISCHARGE SUMMARY FROM WARD

DEPARTMENT

NAME:	IC:
RN:	ICU ADMISSION :
DOA:	DOD:
HISTORY AND MECHANISM OF INJURY:	
PHYSICAL FINDING:	RELEVANT IX (INCLUDING CXR, ECG, ECHO FINDINGS IF AVAILABLE) :
MAIN DIAGNOSIS:	
OTHER DIAGNOSIS :	

MANAGEMENT:

SURGICAL PROCEDURE:

SURGEON:

OP DATE/TIME:

OPERATION FINDING:

IMPLANT USED:

NON SURGICAL:

WARD PROGRESS:

DISCHARGE PLAN CHECKLIST:

Houseman signature & Cop :

- A) TCA:
- B) MC - DATE :  
SERIES NO :
- C) XOA - YES/NO
- D) CHECKLIST
  - BLOOD IX REVIEWED
  - X-RAY REVIEWED
  - POST OP NOTES ATTACHED
  - MEDICATIONS REVIEWED
  - REFERRALS FROM OTHER DEPARTMENT
  - DISCHARGE SUMMARY COPIED & KEPT IN BHT

E) MEDICATIONS AND PLAN UPON DISCHARGE:

SUMMARY PREPARED BY:

NAME:

DATE:

SIGNATURE & COP (MANDATORY):

COUNTERCHECK BY:

NAME:

DATE:

SIGNATURE & COP:

**DISCHARGE SUMMARY**  
**GENERAL INTENSIVE CARE UNIT HOSPITAL SULTANAH AMINAH, JOHOR BAHRU**

Name : \_\_\_\_\_  
 RN : \_\_\_\_\_

Date & Time of ICU admission : \_\_\_\_\_  
 Date & Time of ICU discharge : \_\_\_\_\_

**Diagnosis:**

**Management / Progress in ICU :**

<p><b>Condition on discharge from ICU :</b></p> <p>Temperature :</p> <p>GCS :</p> <p>Eye Opening :</p> <p>Verbal Response :</p> <p>Motor Response :</p> <p>Muscle Power :</p> <p style="padding-left: 40px;">RUL :      LUL :</p> <p style="padding-left: 40px;">RLL :      LLL :</p> <p>BP :</p> <p>HR :</p> <p>RR :</p> <p>SpO<sub>2</sub> :</p> <p>ABG :      pH :                          pCO<sub>2</sub> :                          PO<sub>2</sub> :                          HCO<sub>3</sub> :                          BE :</p>	<p><b>Interventions :</b></p>	<p><b>O<sub>2</sub> therapy :</b></p> <p><b>IV Fluids :</b></p> <p><b>Feeding :</b></p>
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Instructions to ward : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date & Time of Summary : \_\_\_\_\_  
 Discharge to ward : \_\_\_\_\_  
 Informed ward Dr : \_\_\_\_\_  
 Summary by Dr : \_\_\_\_\_

