Checklist Dismissal Letter in orthopedic and trauma Surgery

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Diagnoses	 Injuries, fractures with classifications (according to relevance / from head to toe) Functional deficits, secondary diagnoses further diagnoses, allergies
Therapy	 □ Surgeries with date, detailed information on the material and prosthesis used □ Special conservative and medicinal therapy, if necessary, with indication. □ Physiotherapy/ ergotherapy/ provision of therapeutic appliances. □ If necessary, monitoring in intensive care unit with time period. □ Consultative care for other specialist departments
Medical history	 History and reason for admission (emergency room/accident date/insurance/consultation/elective). Admission findings (functional, pain, imaging).
Course	 Explanation of findings, indication, therapy and results. Possible complications in the peri- and postoperative course. Wound description with clinical progress, removal of drains/sutures if necessary. Pathology/histology/microbiological findings. Consultation reports from other disciplines. Post-operative result (functional, imaging), insert image if necessary. Mobilisation process (if necessary partial loading, movement limitation, immobilisation). clinical findings and outcomes at dismissal (wound conditions, pain, mobilisation). Location of dismissal/transfer (home/outpatient care/rehabilitation/nursing home)?
Procedure	 Wound examination and care (if necessary, with suture removal) when/how often necessary? By family doctor/outpatient department/doctor? Post-treatment (e.g. splint, aids, partial loading, partial and additional loading, movement limitation) Continuation of drug therapy (thrombosis prophylaxis, antibiotics, analgesics) Provide medication plan (active substance+dosage+indication+scheme) Further controls indicated (e.g. laboratory, radiology) Provide laboratory and radiological images (CD) If necessary, appointment for a consultation? Duration of work incapacity? Rehabilitation/outpatient physiotherapy necessary/organised?
General	 □ Follow clinic templates and standards □ No duplications - reference to other places in the discharge letter □ Recipient □ dismissal home: outpatient orthopaedic/trauma surgeon □ in case of transfer: chief of department of the hospital providing further treatment □ Message to patient and general physician □ Contact details of clinic/ department □ Signatures of chief/senior/assistant □ Mark as a provisional letter, if applicable