Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

DISCHARGE SUMMARY: COPD MAINTENANCE

Admission Date: [Insert Date]

Discharge Date: [Insert Date]

Primary Diagnosis: Chronic Obstructive Pulmonary Disease (COPD) - Maintenance Phase

Clinical Summary:
The patient was reviewed for routine maintenance of Chronic Obstructive Pulmonary Disease. Current respiratory status is [Stable/Baseline]. Lung sounds are [Clear/Decreased/Wheezing]. Oxygen saturation on room air is [%].

Discharge Medications:

- **Maintenance Inhaler (LAMA/LABA):** [Name], [Dosage], [Frequency]
- **Rescue Inhaler (SABA):** [Name], [Frequency] as needed for shortness of breath
- **Inhaled Corticosteroid:** [Name], [Dosage] (if applicable)
- **Other:** [List any other medications]

Maintenance Plan and Instructions:

- Continue all prescribed inhalers as directed.
- Utilize correct inhaler technique (spacer recommended if applicable).
- Avoid known triggers such as tobacco smoke, dust, and strong fumes.
- Follow the provided COPD Action Plan.
- Maintain adequate hydration and balanced nutrition.

Warning Signs (Seek Medical Attention if):

- Increased shortness of breath not relieved by rescue medication.
- Change in color, thickness, or amount of sputum.
- Fever or chills.
- New or worsening swelling in ankles or legs.

Follow-Up Appointments:

- **Primary Care Provider:** [Date/Time]
- **Pulmonologist:** [Date/Time]
- **Pulmonary Rehab:** [Location/Schedule]

Physician Name: [Insert Name]

Facility: [Insert Hospital/Clinic Name]

Contact Number: [Insert Phone Number]