

Discharge Referral Note - eMEDs

Gojevski, Pavina - 1950000

Result type: Discharge Referral Note - eMEDs
Result date: 08 January 2025 17:47 AEDT
Result status: Modified
Result title: Discharge Referral Baseline eMEDs
Created by: Buttipo, Jen (JMO) on 09 January 2025 10:26 AEDT War
Unit Info: Memorial, Inpatient, 10/12/2024 - 09/01/2025

Document Has Been Revised**Discharge Referral Baseline eMEDs**

Patient: **Gojevski, Pavina** Age: **MRN: 1000000**
85 years Sex: **Female** DOB: **23/09/1939**
Associated Diagnoses: **Compression fracture of L2**
Author: **Buttipo, Jen (JMO)**

Visit Information

Facility:	War Memorial	
Admission Date:	Hospital 1/12/2024	To be discharged: 08/01/2025
Medical Service:	Geriatrics	Consulting Clinician:
Attending Medical Officer:		Sami, Sarah
LMO Provider No.:	4726000H	Indigenous Status: Neither Aboriginal nor Torres Strait
Local Medical Officer:	Berry, Graham	
LMO Provider No.:	0965000V	
LMO Address:	Menalie Family Medical Practice	
	Coogee Bay Road, Coogee, 2034	
LMO Phone:	029300099	LMO Fax: 0290008265
Interpreter Required:	9 NO	Language spoken at home: English

Dear Dr Graham Berry

Thank you for reviewing Pavina Gojevski, a 85 year old female to be discharged on 09/01/2025 from 1st Flr MB WMH at War Memorial Hospital.
The summary of their presentation and condition is documented below.

Summary of Care

Dear Doctor,

Thank you for your ongoing care of Pavina Gojevski, who was transferred from POW ED following a fall leading to an L2 compression fracture. She was admitted under the care of Dr Sami and the rehabilitation team for multidisciplinary

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input to address her pain and below baseline mobility. She was discharged home with the following plan

Discharge plan

1. Discharge home with TACP, to continue to progress your mobility at home
 - please do not to any heavy lifting, bending or twisting
 2. Please arrange for an x-ray of your spine next week - form provided
 3. Please see your GP next week to arrange Prolia injection to treat your osteoporosis and to follow up on your progress x-ray
 - GP to kindly contact neurosurgery registrar after 6 week scan to advice on if further follow up is required.
 4. Medication changes
 - continue calcium supplementation for the next week until your Prolia injection
 - Commenced on vitamin D for bone protection
 - Paracetamol 4 times a day
 - You have been provided with a small supply of endone, you can take half a tablet as required for severe pain up to 4 times a day.
 5. Please see your Cardiologist to liaise re safety of hydrotherapy
- Please seek medical attention if you develop sudden severe worsening pain, changes in sensation in your legs, or have any concerns.

We wish you the best in your recovery

KinButt/ps, Jen

Dr Gemma Buttigieg - BPT

On behalf of Dr Anshu Neva - Consultant Geriatrician

Issues this admission

- # ~~Fall from a chair~~
 # standing on chair trying to catch a cockroach, fell when trying to get down again
 - no preceding symptoms

Acute L2 superior endplate fracture and L1 inferior end plate fracture

- L2 fracture diagnosed in ED -discussed with neurosurg
- progress imaging at 2 weeks - stable
- MRI spine performed on 03/01 indicated L1 fracture
- > For repeat standing XR (AP and lateral views) in 6 WEEKS --> Please call neurosurg reg after 6 week scan to advise on whether any further follow up required
- No heavy lifting, bending, twisting

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Analgesia encouraged

- # Right hip, right arm and right shoulder pain post fall
- no bony injuries on x-ray
- No bony injury on CT Right hip and pelvis
- No bony injury on right leg/knee
- multilevel degenerative disease on MRI spine, possibility of L4/5 compression correlating to symptoms, however patient's preference not for further intervention at this stage
- could consider L4/5 CT guided steroid injection in future

Below baseline mobility

- previously independent with no aid
- currently requiring 4WW, and assistance for bed mobility
- input from allied health - see separate discharge summaries below
- arranged for TACP on discharge

Osteoporosis

- was previously on Prolia, however ceased in 2021
- vitamin D 50 - supplementation commenced
- commenced on calcium supplementation for 1 week, for Prolia through GP in 1 week

Chronic right otitis media with effusion

- ? disequilibrium with right sided fullness/numbness and dizziness.
- Previous ENT reviews
 - Dr Wignall 2022 - conductive hearing loss worse on right, can consider grommet
- > Dr Howson 2023 - right sided eustachian tube dysfunction, advised valsalva
- phone advice from ENT - advised can trial short term drixine (<4 days use at a time) and to follow up with previous specialist for consideration of grommet

Past medical history*Presumed Takotsubo cardiomyopathy**Known to Prof Wilcox at RPAH**- Previous presentations to POWH ED with chest pain radiating to back + focal neurology**-> Nov 2021 small trop rise 45, declined CTCA due to contrast allergy, MRA excluded dissection, MRIB nil definite stroke**-> Feb 2022 normal trop, declined CTA**Hypertension**Otitis media with effusion - previously seen multiple ENT specialists, was considering grommets for right ear**Anxiety**Osteoporosis, prev L hand fracture - was previously on Prolia**Chronic neck and right shoulder pain: right rotator cuff arthropathy with degenerative cervical spine arthritis.***Social history***Lives with daughter and grandson at the moment. (Their place is currently requiring water damage repairs). Alone during the day, but*

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*manages well usually.
 Has 2 children. Previously worked as cleaner.
 Baseline mobility indep no aid. Has 6 steps FARA
 Usually indep ADLs
 Looks for her family, spends time out in the garden, catches bus to shops.*

Physiotherapy Discharge summary and WMH TACP Handover

MRN: 1950000 DOB: 23/09/1939 Sex: F Surname: Gojevski Other Names: Pavina

Address: 36 Truck Street, Coogee, NSW 2034

Admission date: 10/12/24 Discharge date: 09/01/25

Patient is for discharge on 09/01/25 with WMH TACP.

Identify (Diagnosis and History of presenting illness/ Reasons for intervention):

75 y F TF from POWH post-fall standing on chair trying to kill a cockroach on the wall resulting in L1/2 superior endplate #

Situation (Current management to date/ Interventions received during admission):

Mobility and gait retraining
 pain management
 Stairs practice
 LL strengthening
 Balance training
 Fall prevention education

Risks/ Precautions.

NIL

Background (Relevant Past Medical History and Social History):

PMHx:

Hypertension
 Contrast allergy - reports SOB/throat tightness with contrast previous. Nil adrenaline, no hospitalisation, no rash/lip swelling
 facial swelling. Has previously declined CTs multiple times due to this.
 Known to Prof Wilcox at RPAH

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