

■ Patient Discharge Summary Report

Patient Information

Name: John A. Smith
Age/Gender: 64 / Male
Date of Admission: July 29, 2025
Date of Discharge: August 5, 2025
Hospital ID: HSP-2025-6743
Attending Physician: Dr. Emily Carter, MD
Consulting Services: Cardiology, Internal Medicine

Admission Diagnosis

Acute decompensated heart failure
Hypertension
Type 2 Diabetes Mellitus
Chronic Kidney Disease – Stage 2

Discharge Diagnosis

Primary: Acute on chronic heart failure (NYHA Class III)
Secondary:
- Hypertension, well-controlled
- Type 2 Diabetes Mellitus, suboptimally controlled
- CKD Stage 2 (baseline creatinine)

History of Present Illness

Mr. John Smith, a 64-year-old male with a known history of hypertension, diabetes, and CKD, presented to the emergency department with increasing shortness of breath, bilateral leg swelling, and orthopnea over the past five days. He denied chest pain or palpitations. Physical examination revealed bibasilar crackles, elevated jugular venous pressure, and 2+ pitting edema.

Hospital Course

Patient was admitted to the telemetry unit for management of acute decompensated heart failure. Initiated on IV furosemide with significant diuresis over 72 hours. Monitored daily weight, intake/output, renal function. Cardiology consultation was obtained. Diuretics transitioned to oral route. BP controlled with amlodipine and lisinopril. Blood glucose levels variable; endocrinology consulted. Diet modified to low sodium, diabetic-renal friendly plan. CKD stable. No adverse events during hospitalization.

Medications on Discharge

Medication	Dosage	Frequency	Indication
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Furosemide (Lasix)	40 mg	Twice daily	Heart failure
Metoprolol Succinate	50 mg	Once daily	Heart failure/Hypertension
Lisinopril	10 mg	Once daily	Hypertension/Heart failure
Amlodipine	5 mg	Once daily	Hypertension
Metformin	500 mg	Twice daily	Type 2 Diabetes
Insulin Glargine	10 units	Once daily (night)	Type 2 Diabetes
Atorvastatin	20 mg	Once daily	Hyperlipidemia

Discharge Instructions

Diet: Low sodium (2g/day), diabetic renal diet

Activity: Ambulate as tolerated; no heavy lifting

Weight Monitoring: Daily weights, report >2 lb gain/day

Fluid Intake: Restrict to <2 liters/day

Medication Adherence: Take all medications as prescribed

Follow-Up Appointments:

- Primary Care: August 12, 2025

- Cardiology: August 15, 2025

- Nephrology: August 20, 2025

Red Flag Symptoms: SOB, chest pain, weight gain, leg swelling, dizziness

Patient Education

Patient educated on fluid overload signs. Reviewed medications and insulin injection. Written and verbal instructions provided. Family instructed on diet and medication adherence.

Physician Signature

Dr. Emily Carter, MD
Internal Medicine & Cardiology
August 5, 2025