|  |  |  |  |
| --- | --- | --- | --- |
| Patient: | **Dummy ZZZTESTJM** | GP: | **Dr. Willow D. Rosenberg** |
|  | 123 Fake Road,  Taunton,  Somerset,  TA1 1AA |  | St James Medical Centre,  Coal Orchard,  Taunton,  Somerset,  TA1 1JP |
|  |  |  |  |
| Born Date: | 20 June 1989 | Consultant: | Mr. D. Acula |
| Hospital No: | 1234567 | Specialty: | trauma & orthopaedics |
| NHS Number: | 999 332 0280 | Ward: | Hestercombe Ward JB |
| Admission Date: | 06 June 2019 | Discharge Date: | 21 June 2019 |
| Admitted From: | Usual Place of Residence | Discharge To: | Home |

|  |  |  |
| --- | --- | --- |
| ***Action for GP Teams***  **Review analgesia as pain improves please**  **Wound check 7-10 days**  **Please refer back to Spinal Team if any concerns about the wound arise.**  **Bleep: 3027 via the MPH Switchboard.** |  | ***Relevant Treatment Changes***  None |
|  |  |  |
| Reason for admission and presenting complaint(s) |  | Information given to patient |
| Elective | Please refer to your spinal passport for information and advice. Pain medication works more effectively when taken regularly. |
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| Main diagnosis / discharge diagnosis | Physical ability and cognitive function |
| Spondylolysis L5 bilaterally with back pain on activity, normal disc and positive pars block. | Not applicable |
|  |  |
| Operations and procedures | Follow-up arranged |
| Modified Bradford repair using Viper 2 polyaxial screws and SILC ligament (Globus) with Allomatrix graft 18/6/19 | 3 Weeks - Physio examination Clinic.  6 Weeks - Consultant: DXA |
|  |  |
| Clinical narrative / complications | Allergies |
| No lower limb pain on discharge  Wound - Clean and Dry. | Latex — Other Immune Reaction |
|  |  |
| Co-morbidities |  |
| Nil relevant |  |
|  |
| Relevant investigations and results |
| Standing X-ray. |

**Discharge medications (including regular medication)**

| Dates |  | Drug |
| --- | --- | --- |
| prescribed | 18 June 2019 | **paracetamol** — 500 mg — tablets  **DOSE** **1,000 mg** — oral — 4 times / day as required |
| start  end | 07 June 2019  21 June 2019 | **ibuprofen** — 400 mg — tablets  **DOSE** **400 mg** — oral — 3 times / day  take as required for pain |
| prescribed  end | 18 June 2019  21 June 2019 | **omeprazole** — 20 mg — gastro-resistant capsules  **DOSE** **20 mg** — oral — once / day  Whilst on Ibuprofen |
| prescribed | 18 June 2019 | **morphine sulfate** — 10 mg in 5 ml — oral solution  **DOSE** **10 - 20 mg** — oral — variable  2-4 hourly for breakthrough pain. |
| prescribed | 18 June 2019 | **codeine** — 30 mg — tablets  **DOSE** **30 - 60 mg** — oral — 4 times / day  take as required for pain relief |

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| Discharging Clinician: | Miss. B Summers, |  | Contact Bleep: |  |
| Designation: | Spinal Clinical Nurse Practitioner |  | Completed: | 09 June 2019 |
| Senior Review: |  | | | |
|  |  | | | |

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| Distribute to: |
| Dr. Willow D. Rosenberg, General Practitioner  (E-distribution to practice) |

All patients who have been in-patients in hospital are at a higher risk of developing leg vein or lung clots due to recent immobility, infection etc. We therefore recommend any patient developing leg swelling or pain, and/or new breathlessness or sharp chest pain, after an in-patient stay, to seek an urgent medical review.