

## DISCHARGE SUMMARY

Hospital Name - Department of Internal Medicine

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**Patient Name**

John Smith

**Medical Record Number**

MRN-2023-045678

**Date of Birth**

05/15/1965

**Attending Physician**

Dr. Sarah Johnson, MD

**Admission Date**

11/15/2025

**Discharge Date**

11/20/2025

**Chief Complaint**

Chest pain and shortness of breath

**History of Present Illness**

58-year-old male presented to the emergency department with acute onset chest pain radiating to left arm, associated with diaphoresis and shortness of breath. Symptoms began approximately 2 hours prior to arrival. Patient has history of hypertension and hyperlipidemia.

**Past Medical History**

Hypertension, Hyperlipidemia, Type 2 Diabetes Mellitus

**Hospital Course**

Patient was admitted to the cardiac care unit. Initial ECG showed ST-elevation in leads II, III, and aVF consistent with inferior wall myocardial infarction. Patient underwent emergent cardiac catheterization which revealed 95% stenosis of the right coronary artery. Successful percutaneous coronary intervention with drug-eluting stent placement

was performed. Post-procedure course was uncomplicated. Patient remained hemodynamically stable throughout hospitalization. Serial cardiac enzymes trended down appropriately. Echocardiogram showed preserved ejection fraction of 55% with mild hypokinesis of inferior wall.

### Procedures Performed

Cardiac catheterization with percutaneous coronary intervention and drug-eluting stent placement to right coronary artery

### Discharge Diagnoses

1. Acute ST-elevation myocardial infarction (STEMI), inferior wall
2. Coronary artery disease
3. Hypertension
4. Type 2 Diabetes Mellitus
5. Hyperlipidemia

### Discharge Medications

1. Aspirin 81 mg PO daily
2. Clopidogrel 75 mg PO daily
3. Atorvastatin 80 mg PO daily
4. Metoprolol succinate 50 mg PO daily
5. Lisinopril 10 mg PO daily
6. Metformin 1000 mg PO twice daily
7. Nitroglycerin 0.4 mg sublingual PRN chest pain

### Discharge Instructions

- Activity: Light activity as tolerated. Cardiac rehabilitation referral provided.
- Diet: Heart-healthy, low sodium diet (<2000mg/day), diabetic diet
- No driving for 1 week
- Monitor blood pressure and blood glucose at home
- Call 911 immediately if experiencing chest pain, shortness of breath, or any concerning symptoms
- Do NOT stop taking aspirin or clopidogrel without consulting cardiologist

### Follow-up Appointments

- Cardiology: Follow-up with Dr. Martinez in 1 week
- Primary Care: Follow-up with PCP in 2 weeks
- Cardiac Rehabilitation: Program enrollment scheduled for next week

### Discharge Condition

Stable, improved