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[2023-09-23 08:15]

Admission Notes:

- C/O chest pain (CP) and breathlessness

- Clin. Ex: Raised JVP, Heart sounds normal

- ECG: ST depression

- Rx: Aspirin 300 mg, GTN (Glyceryl Trinitrate) spray, IV fluids, Clopidogrel 200mg

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[2023-09-23 10:08]

Blood Tests:

- Troponin: 50 ng/L (raised)

- FBC: NAD

Differential Diagnoses:

- Acute Coronary Syndrome (ACS)

- Pulmonary Embolism (PE)

- Heart Failure

- Anxiety

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[2023-09-23 11:30]

- ECG: Possible ischaemia

- Cardiology consult initiated

Probable Diagnosis:

- ACS given the raised Troponins and ECG changes

- Possible NSTEMI

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[2023-09-23 11:45]

- Bloods: Troponin now 80 ng/L (further raised)

- Start Heparin infusion

Plan:

- Admit to AMU, refer to cardiology

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[2023-09-24 08:40]

In AMU

Ward Round Notes:

- Pt improved but remains SOB

- Obs stable

- Eating & drinking okay

Differential Diagnoses:

- NSTEMI

- Unstable Angina

Probable Diagnosis:

- ACS, less likely Unstable Angina given improving symptoms but persistently raised Troponins

Plan:

- Continue medical treatment, prep for coronary angiogram

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[2023-09-25 08:30]

08:30 Ward Round Notes:

- Pt improving

- BP within normal range

- Eating & drinking normally

Differential Diagnoses:

- ACS

- Stable Angina

- Anxiety

Probable Diagnosis:

- Unstable transitioning to Stable Angina

Blood Tests:

- Troponin: 40 ng/L (improving but still raised)

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[2023-09-25 11:00]

- Mobilising with aid

- Obs stable,

- Plan: continue current treamtne

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[2023-09-25 18:00]

- Pt complaining of acute chest pain, increased breathlessness

- ECG: New changes, Troponin rises to 90 ng/L

### Probable Diagnosis:

- Acute deterioration in ACS, possibly new cardiac event

### Plan:

- Urgent cardiology referral, possible intervention

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[2023-09-26 08:50]

08:50 Ward Round Notes:

- Post-angiogram, Pt PAW, improved

- CVS stable, chest clear

- Bowel movement normal

Angiogram:

- No obvious

Probable Diagnosis:

- Post-ACS recovery

Blood Tests:

- Troponin: 30 ng/L (improving)

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[2023-09-26 12:45]

- Preparing for discharge

- Awaiting final lab results

Plan:

- Prepare for discharge if stable

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[2023-09-27 08:20]

Ward Round Notes:

- Pt appears well

- All systems NAD

- Eating & drinking well

- Fluid balance maintained

### Probable Diagnosis:

- Stable, recovering post-ACS

### Plan:

- Finalise discharge, complete drug reconciliation

- MFFD

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[2023-09-28 08:35]

Pre-Discharge Assessment:

- Pt appears ready for discharge

- All systems NAD

- Eating & drinking well

Discharge Summary:

- Arrange follow-up and discharge meds

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[2023-09-29 08:35]

Follow-up:

- Outpatient appointment booked for 31/10/2023