

Medical discharge summary

DISCHARGE SUMMARY

General Hospitals - Greams Road, Chennai

Medical Records Department

PATIENT INFORMATION

| Field | Details |
|-----------------------|--|
| Patient Name | Rajesh Kumar |
| Patient ID | APH-2025-999999 |
| Age/Gender | 58 Years / Male |
| Date of Admission | 15th January 2025 |
| Date of Discharge | 22nd January 2025 |
| Admitting Physician | Dr. Priya Sharma, MD (Cardiology) |
| Consulting Physicians | Dr. Anil Verma (Endocrinology), Dr. Sarah Thomas (Internal Medicine) |

CHIEF COMPLAINT

Patient presented with acute chest pain radiating to left arm, accompanied by shortness of breath and profuse sweating. Symptoms started approximately 3 hours prior to admission.

DIAGNOSIS

Primary Diagnosis

- Acute Myocardial Infarction (STEMI)** - ST-Elevation Myocardial Infarction affecting anterior wall
- Type 2 Diabetes Mellitus** - Uncontrolled

Secondary Diagnosis

- Hypertension** - Stage 2

- **Dyslipidemia** - Mixed hyperlipidemia

HOSPITAL COURSE

Patient arrived via emergency services with acute chest pain. ECG on arrival showed ST-elevation in leads V2-V4 consistent with anterior STEMI. Patient was immediately taken for emergency cardiac catheterization.

Cardiac Catheterization Findings:

- 95% stenosis in Left Anterior Descending (LAD) artery
- 60% stenosis in Right Coronary Artery (RCA)
- Left Ventricular Ejection Fraction: 42%

Procedure Performed: Primary Percutaneous Coronary Intervention (PCI) with Drug-Eluting Stent (DES) placement in LAD artery. Procedure completed successfully with TIMI 3 flow restored.

Post-Procedure Course: Patient was monitored in CCU for 48 hours. Cardiac enzymes showed appropriate downtrending. Serial ECGs showed resolution of ST elevations. Patient remained hemodynamically stable throughout hospital stay.

LABORATORY INVESTIGATIONS

Admission Labs (15th Jan 2025)

| Test | Result | Reference Range | Flag |
|--------------------------|------------|-----------------|---------|
| Troponin I | 24.5 ng/mL | < 0.04 ng/mL | ↑↑ HIGH |
| CK-MB | 156 U/L | < 25 U/L | ↑ HIGH |
| HbA1c | 9.2% | 4.0-5.6% | ↑ HIGH |
| Fasting Glucose | 234 mg/dL | 70-100 mg/dL | ↑ HIGH |
| Total Cholesterol | 267 mg/dL | < 200 mg/dL | ↑ HIGH |
| LDL Cholesterol | 178 mg/dL | < 100 mg/dL | ↑ HIGH |
| HDL Cholesterol | 34 mg/dL | > 40 mg/dL | ↓ LOW |
| Triglycerides | 289 mg/dL | < 150 mg/dL | ↑ HIGH |
| Creatinine | 1.3 mg/dL | 0.7-1.3 mg/dL | Normal |
| Hemoglobin | 13.2 g/dL | 13-17 g/dL | Normal |

Discharge Labs (22nd Jan 2025)

| Test | Result | Reference Range |
|-----------------|-----------|-----------------|
| Troponin I | 0.8 ng/mL | < 0.04 ng/mL |
| Fasting Glucose | 142 mg/dL | 70-100 mg/dL |
| Creatinine | 1.1 mg/dL | 0.7-1.3 mg/dL |

MEDICATIONS ON DISCHARGE

Cardiac Medications

1. **Aspirin** - 150 mg once daily (morning) - *Antiplatelet*
2. **Clopidogrel (Plavix)** - 75 mg once daily (morning) - *Antiplatelet*
⚠️ **CRITICAL: Must continue for minimum 12 months**
3. **Atorvastatin** - 80 mg once daily (bedtime) - *Statin*
4. **Metoprolol Succinate** - 50 mg twice daily - *Beta-blocker*
5. **Ramipril** - 5 mg once daily (morning) - *ACE Inhibitor*

Diabetes Management

6. **Metformin** - 1000 mg twice daily (with meals) - *Antidiabetic*
7. **Insulin Glargine (Lantus)** - 20 units subcutaneous at bedtime - *Long-acting insulin*

Other Medications

8. **Pantoprazole** - 40 mg once daily (before breakfast) - *Proton pump inhibitor*

VITAL SIGNS AT DISCHARGE

| Parameter | Value | Status |
|------------------|-----------------|------------|
| Blood Pressure | 128/78 mmHg | Controlled |
| Heart Rate | 72 bpm | Normal |
| Respiratory Rate | 16 breaths/min | Normal |
| Temperature | 98.4°F (36.9°C) | Normal |
| SpO2 | 98% on room air | Normal |

FOLLOW-UP INSTRUCTIONS

Appointments Scheduled

1. **Cardiology Follow-up** - Dr. Priya Sharma
Date: 5th February 2025 (2 weeks)
Location: General Hospitals, Cardiology OPD
Bring: All medications, lab reports, this discharge summary
2. **Endocrinology Follow-up** - Dr. Anil Verma
Date: 12th February 2025 (3 weeks)
Location: Apollo Hospitals, Diabetes Clinic
Required: Fasting blood glucose readings log

Tests to be Done Before Follow-up

- Fasting Lipid Profile (1 week)
 - HbA1c (4 weeks)
 - ECG (2 weeks)
 - 2D Echo (4 weeks)
-

LIFESTYLE MODIFICATIONS

Dietary Recommendations

- **Low sodium diet** - < 2000 mg/day
- **Diabetic diet** - Avoid refined sugars, limit carbohydrates
- **Heart-healthy diet** - Emphasize vegetables, fruits, whole grains, lean proteins
- **Avoid saturated fats** - Limit red meat, fried foods

Physical Activity

- **Cardiac Rehabilitation** - Enrolled in program starting 29th January 2025
- **Walking** - Start with 10 minutes twice daily, gradually increase
- **Avoid strenuous activity** for 4 weeks
- **No heavy lifting** > 5 kg for 6 weeks

Risk Factor Modification

- **SMOKING CESSATION** - Patient counseled, enrolled in cessation program
- **Stress management** - Referred to counseling services
- **Weight management** - Target weight loss of 5-7% body weight
- **Blood pressure monitoring** - Daily at home, maintain log

PATIENT EDUCATION PROVIDED

- ✓ Signs and symptoms of heart attack - when to call emergency services
- ✓ Importance of medication compliance, especially dual antiplatelet therapy
- ✓ Blood glucose monitoring - Target fasting < 130 mg/dL
- ✓ Blood pressure monitoring - Target < 130/80 mmHg
- ✓ Dietary modifications and meal planning
- ✓ Exercise guidelines and cardiac rehabilitation importance
- ✓ Warning signs requiring immediate medical attention

WARNING SIGNS - SEEK IMMEDIATE MEDICAL ATTENTION IF:

- Chest pain or pressure lasting > 5 minutes
- Severe shortness of breath
- Loss of consciousness or dizziness
- Irregular heartbeat or palpitations
- Severe bleeding or unusual bruising
- Blood sugar < 70 mg/dL or > 300 mg/dL

DISCHARGE CONDITION

Patient discharged in **stable condition** with significant improvement. Patient is ambulatory, pain-free, and tolerating oral diet well. All discharge instructions reviewed with patient and family members. Patient verbalized understanding of medications, follow-up plan, and warning signs.

CLINICAL SUMMARY

58-year-old male with history of diabetes and hypertension presented with acute STEMI. Successfully treated with primary PCI and DES placement in LAD. Post-procedure course uncomplicated. Patient requires intensive risk factor modification including smoking cessation, glycemic control, and lipid management. Prognosis is good with adherence to medical therapy and lifestyle modifications.

Prepared by: Dr. Priya Sharma, MD

Designation: Senior Consultant - Cardiology

Date: 22nd January 2025

Signature: *[Digitally Signed]*

For Medical Records Use Only

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