

**Medical Discharge Advice**

**GP Name:** MOSS O

**Address:** BLUNDELLSANDS SURGERY  
1 WARREN ROAD  
LIVERPOOL  
L23 6TZ

**Date Admitted:** 08/04/22  
**Ward:** W4AB  
**Planned or  
Emergency:** Elective Planned

**Reason for  
Admission:**

**Consultant:** Wright, David M.  
**Specialty:** Orthopaedics & Trauma

**EDD:** PM

**Patient Name:** VIALS

MOORE, GWENDOLYN JOY

**Address:** 2 CORONATION DRIVE  
CROSBY  
LIVERPOOL  
MERSEYSIDE  
L23 3BN

**Date of Birth:** 22/08/2014  
**NHS No:** 701 057 1422

**Hospital No:** AH1565586

**Height:**  
**Weight:** 40.70 kg

**Discharge Date:**

**Name band removed?:** Yes  
**IV access device removed?:** Yes

- Teaching  
**Is a teaching plan for ongoing care required?:** No

- Advice  
**Relevant discharge advice given to family/carer?:** Yes  
**Advice booklets/leaflets required?:** No  
**Contact number given?:** Yes (01512823606) ✖  
**Have you given the patient/ family the friends and family test questionnaire:** No  
**Discharge summary copy given to patient/carer?:** Yes  
**If no to any of the above, please give details::** equipment provided by local OT team

- Transport  
**Is transport arrangement required for discharge?:** No

**Discharge Referrals**

- Mandatory referrals  
**Mandatory referrals:** Mandatory referrals already done

**Discharge**

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<b>melatonin (circadin) 2mg mr tablet</b>	3 MG On syrcadin- not able to prescribe that so either mum self medicate with own stock or give this please	Oral	once daily at night	
<b>omeprazole 10mg/5ml oral suspension</b>	10 MG	Oral	twice a day	

**TTO Review:** 3. Yes - Today

**Discharging Clinician:** Salima Yasmin

**Discharge Checklist**

**Take home medication ready?:** Yes

**Home equipment available?:** No

**Has patient been discharged with any medical gases:** No

**Has patient had CVL removed?:** NA

**Follow up arranged?:** Yes

**Safeguarding issues addressed?:** NA

**Social worker informed?:** NA

**MTDS** = Unit No - AH1565586 Pt Name - VIALS MOORE, GWENDOLYN JOY User - HBROWN7 Date/Time - 13/04/22 1601

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**- Medication**

**Medication Summary:**

**Discharge Medication (REVIEWED by pharmacist)**

Medication	Dose/Units	Route	Freq	TTO Comment
<b>azITHROMYCIN 200mg/5ml suspension</b> Indicated for: Other	300 MG	Oral	three times a week mon/wed/fri	
<b>dermol cream (500g)</b>	1 APPL Apply to skin and/or use as a soap substitute	Topical	when required For Dry Skin	
<b>gaviscon advance suspension</b>	5 ML	Oral	four times a day	
<b>hydromol ointment (500g)</b>	1 APPL	Topical	when required For Dry Skin	
<b>ibuprofen 100 mg/5 ml suspension</b>	280 MG Dose as per manufacturers instructions	Oral	Q8H	can next have 6pm
<b>macrogol paediatric (under 12) oral powder</b>	1 SACHET	Oral	when required twice a day As Directed	

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<b>morphine sulfate 2mg/1ml oral liquid</b>	6 MG 4-6 hourly Maximum 4 doses in 24 hours For 5 days (as discussed with team) => 60mls supplied	Oral	when required every 4 hours For Pain	
<b>paracetamol 250 mg/5ml (over 6) suspension</b>	500 MG Dose as per manufacturers instructions	Oral	every six hours	can next have 930pm
<b>sennosides (senna) 7.5mg/5ml oral liquid</b>	7.5 MG	Oral	once daily at night	

## **Discharge Medication (NOT REVIEWED by pharmacist)**

Medication	Dose/Units	Route	Freq	TTO Comment
<b>Ticonazole</b>	283 MG medicated nail laquer?	Topical	twice a day	

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**Discharge Date:**

**Future Follow-up required:** Yes

**Consultant or Pooled:** Consultant

**Specialty:** Orthopaedic & Trauma

**Clinic Specific Info:** #clinic for wound check and change of cast

**Future Appointment Consultation Type:** Face to Face

**Follow Up Time Frame:** Weeks

**Follow Up Frequency:** 3

**Tolerance (+/- weeks):** 0 Tolerance

**Tolerance Instruction:** \*\* 0 Tolerance means the patient must attend in the time scale recorded above \*\*

**Overbook clinic if necessary:** Yes

**- Additional Future Follow-up 1**

**Consultant or Pooled:** Consultant

**Specialty:** Orthopaedic & Trauma

**Clinic Specific Info:** POP to ROM knee brace 0-30 for 2/52, then increase by 30 degs every 2/52

**Future Appointment Consultation Type:** Face to Face

**Follow Up Time Frame:** Weeks

**Follow Up Frequency:** 6

**Tolerance (+/- weeks):** 0 Tolerance

**Tolerance Instruction:** \*\* 0 Tolerance means the patient must attend in the time scale recorded above \*\*

**Overbook Clinic if necessary:** Yes

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Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
PENICILLINS	Allergy		Allergy - Rash	Verified	23/06/15 18:04
?dairy products	Allergy		Unknown Reaction	Uncoded	21/12/15 10:25

**Past medical history (Letter):** Trisomy 21. Recently weaned off overnight CPAP (Feb2019) for sleep apnoea. Tonsilectomy. Constipation. Previous recurrent LRTIs. GORD

**- Operative Procedures**

**Operative Procedures:**

<b>Procedures (Letter)</b>	08/04/22
	Primary procedure:
	Secondary procedure:
	Information for GP:

**- Future Follow-up**

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**Final Discharge Report**

**- Discharge type**

**Type of discharge::** Discharge by nurse once discharge plan has been met

**Discharge status:** Review - Nursing

**Medical Discharge Documentation Complete?:** Yes

**Documentation Status:** Complete

**- Details of Admission**

**Admission Summary:**

Gwendolyn was admitted on 8/4 for an elective left patella stabilisation procedure (insall procedure and roux gouldthwaite) and removal of right proximal femoral locking plate  
B/G: Trisomy 21; GORD; OSA; Tachy-brady syndrome; recurrent lower respiratory tract infections; history of cardiac arrhythmias thought to be neurogenic and no structural cardiovascular defect; bilat contact mini hearing aid

She was transferred to the ward for recovery and observation

She has had her pain adequately controlled

Plan

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1. Non weight bearing. Mobilise in wheelchair for transfers
2. Follow up in 3 weeks for wound check with change of cast
3. To remain for 6 weeks in POP then go into ROM knee brace with 0-30 for 2 weeks and increasing in 30 degrees increments every 2 weeks

**Acute / Suspected Problems:**

Problem	Status	Category	Onset
Development delay	Acute	Medical	
Gastroesophageal reflux	Acute	Medical	
Trisomy 21	Acute	Medical	
Tachy-brady syndrome	Suspected	Medical	

**Chronic conditions:**

Problem	Status	Category	Onset
Constipation	Chronic	Medical	
Sleep apnoea	Chronic	Medical	

**Allergies/Adverse Reactions:**

**Allergies**

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**- Discharge**

**Dis Method:** # On Medical Advice

**Discharge Destination:** Usual Residence

**Discharge Outcome:** 30-First Definitive Treatment

**Discharge Date/Time:** 13/04/22 16:00

