CANNOCK HOSPITAL

DISCHARGE LETTER

Mr Keith Hinton Murphy
The Coach Nursing Home
73 Costa Lane
Cannock
WS11 1ML

Hospital number- 12346789
Consultant – Mr Wellbeloved

Admission Details		**Discharge Details**	
Date:	18/02/19	Date:	2/3/19
Method:	Emergency	Method:	On clinical advice
Reason:	Pulled out PEG tube	Destination:	Usual place of residence

Diagnosis/Procedures/Medication	
Diagnosis on discharge:	Pulled out PEG
Admission weight:	No admission weight submitted
AKI:	Patient had stage 3AKI please send a U&E within 2 weeks from discharge.
No allergies/adverse reaction incidents recorded.	

TTO Information		
Name	Summary	
CYCLIZINE 50MG/1ML INJ	50MG S/C INJ THREE TIMES DAILY. GP TO CONTINUE	UNCHANGED DRUG ON DISCHARGE
DIAZEPAM 2MG/5ML	TWO 5ML SPOONS THREE TIMES DAILY. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE
BUSCOPAM 20MG/1ML INJ	20MG S/C EVERY 2 HOURS PRN. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE
MORPHINE 10MG/1ML	0.25-0.5ML WHEN REQUIRED S/C INJECTION. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE
FLUDROCORTISONE 100MCG	ONE DAILY VIA PEG. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE
HYOSCINE 1MG/72 HR PATCH	APPLY EVERY 72 HOURS. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE
QUETIAPINE 25MG	ONE TWICE DAILY VIA PEG. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE
SODIUM VALPORATE 200MG/5ML	800MG AM VIA PEG. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE
SODIUM VALPORATE 200MG/5ML	100MG PM VIA PEG. GP TO REVIEW	UNCHANGED DRUG ON DISCHARGE

Safety Alerts	
DNACPR :	This patient had a DNACPR during inpatient stay
Supportive Care Plan :	This patient was being cared for using a supportive care plan during this inpatient stay.
Nutrition requirements :	Nil by mouth - PEG
No nutritional risks identified.	

Clinical Summary/Plan/Actions	
This gentleman with background of hypoxic brain injury usually wheelchair bound was admitted having pulled out his PEG tube. Patient was known to have pulled his tube out multiple times previously. He was agitated in ED. On examination he was alert, confusion- normal, his chest was clear and heart sounds normal. His PEG wound was mildly erythematous but had no discharge or pus. Bloods were normal. He was commenced on IVI before the PEG tube could be reinserted. His PEG tube was reinserted without any issues. He was reviewed by the dietician who provided a feeding regime. Swab of PEG site grew Staph- Aureus and beta haemolytic streptococcus. Patient was then commenced on 7 days of flucloxacillin. He developed HAP whilst an inpatient. CXR showed new right sided consolidation. IV antibiotics for treatment of HAP commenced. He deteriorated further and became hypoxic. Patient was started on SCP this was discussed with family via the telephone as they were unable to come in due to own health issues. He was discharged to a nursing home under review of palliative care with diazepam regularly for agitation and anticipatory medications when necessary.	
Hospital advice/recommendations:	No hospital follow up
GP recommendations:	High readmission risk – GP to arrange urgent review
Adult secondary diagnosis:	Hypoxic brain injury, wheelchair bound, previous admissions having pulled out PEG tube, traumatic SDH, epilepsy, PEG feed

Version	Date	Sign off	Summary of changes
V1.0	12/08/19	Shah Faisal	New Document