

# Discharge Summary for Arthur Pendelton

## Overview

Mr. Arthur Pendelton is a 72-year-old man who lives with his wife in a ground floor flat. He is a retired factory worker. He has a past medical history of Chronic Obstructive Pulmonary Disease (COPD) and Atrial Fibrillation.

He was referred to City General Hospital Assessment Unit by his GP and was admitted on the 20th of October 2023. He presented with a 4-day history of worsening shortness of breath, cough productive of green sputum, and feeling generally unwell. He reported no fever.

His chest X-ray showed evidence of emphysematous changes consistent with COPD but no new consolidation. His C-reactive protein (CRP) was elevated at 65, but his white blood cell count was normal. Oxygen saturations were 94% on room air upon admission.

He was treated for an acute exacerbation of COPD. Treatment included nebulised Salbutamol, oral Prednisolone, and a course of Amoxicillin.

Following initial assessment, he was transferred to Willow Ward under the care of Dr. E. Adams, Consultant Respiratory Physician. His regular medications on admission were:

- Salbutamol 100mcg MDI, 2 puffs when needed (PRN)
- Tiotropium 18mcg inhaler, 1 capsule daily
- Bisoprolol 5mg, once daily
- Warfarin, dose adjusted according to INR

He reported no known allergies. During his admission, Warfarin was temporarily stopped due to concerns about interaction with Amoxicillin and switched to Rivaroxaban 15mg BD for the duration of the antibiotic course. Bisoprolol was reduced to 2.5mg OD due to a brief episode of bradycardia.

He showed gradual improvement over his stay. Nebulisers were discontinued on day 3. He was deemed well enough for discharge home on the afternoon of 24th October 2023.

His medication on discharge was:

- Salbutamol 100mcg MDI, 2 puffs PRN
- Tiotropium 18mcg inhaler, 1 capsule OD
- Bisoprolol 2.5mg, once daily
- Rivaroxaban 15mg, twice daily for a further 3 days
- Amoxicillin 500mg, three times daily for a further 4 days
- Prednisolone 30mg, once daily for 2 more days, then stop

No hospital follow up is required. A referral was made to the community COPD team for a home visit within a week. The GP was asked to arrange a review for consideration of restarting Warfarin and monitoring his Bisoprolol dose after the antibiotic course is completed.

## Patient demographics

|               |                         |
|---------------|-------------------------|
| Patient name  | PENDELTON, Arthur (Mr)  |
| Date of birth | 15-Aug-1951             |
| Gender        | Male                    |
| NHS number    | Verified - 987 654 3210 |
|               |                         |

|                  |  |
|------------------|--|
| Home Address     | Flat 1, Elm Court, Parkside, The Village, BB11 1DD |
| Phone            | 07700 900123                                       |
| Document Created | 24-Oct-2023  |
| Document Owner   | CITY GENERAL HOSPITL NHS TRUST                     |
| Authored by      | Dr S. GREEN - FY2, CITY GENERAL HOSPITAL NHS TRUST |

## eDischarge Summary

### Other participant(s) in this document:

|              |                                  |
|--------------|----------------------------------|
| Name         | Dr E Adams                       |
| Organisation | City General Hospital            |
| Address      | Hospital Way, Cityville, CI1 1AA |

### Referred by:

|                       |                              |
|-----------------------|------------------------------|
| Referrer name         | Dr M KHAN                    |
| Job title             | General Medical Practitioner |
| Referrer organisation | The Village Surgery          |

### Urgent notification

|              |                 |
|--------------|-----------------|
| Name         | Carol Pendelton |
| Relationship | Wife            |

### Social context

|                       |                         |
|-----------------------|-------------------------|
| Household composition | Lives with wife.        |
| Occupational history  | Retired factory worker. |

## Admission details

|                        |   |
|------------------------|---|
| Reason for admission   | Worsening breathlessness and productive cough |
| Admission method       | GP referral for acute admission               |
| Source of admission    | Usual place of residence                      |
| Date/time of admission | 20-Oct-2023, 1015hrs                          |

## Discharge details

|                                    |                      |
|------------------------------------|----------------------|
| Discharging consultant             | Dr E ADAMS           |
| Discharging specialty / department | Respiratory Medicine |

|                        |   |
|------------------------|---|
| Discharge location     | Willow Ward   |
| Date/time of discharge | 24-Oct-2023, 1630hrs  |
| Discharge method       | PATIENT discharged on clinical advice and with patient/carers consent |
| Discharge destination  | Usual place of residence  |

## Diagnoses

|           |   |
|-----------|---|
| Diagnosis | Acute exacerbation of COPD (AECB)                         |
| Comment   | Primary reason for admission. Likely infective.           |
| Diagnosis | Atrial Fibrillation                                       |
| Comment   | Existing diagnosis, management adjusted during admission. |

## Clinical summary

Mr. Pendelton was admitted with a 4-day history of worsening respiratory symptoms. On examination, he had increased work of breathing and widespread wheeze. Initial investigations showed elevated inflammatory markers (CRP 65, normal WCC) and CXR changes consistent with underlying COPD but no pneumonia. He was treated for an acute infective exacerbation of COPD with nebulised Salbutamol, systemic Prednisolone (30mg OD), and Amoxicillin (500mg TDS). His regular Warfarin was temporarily discontinued and changed to Rivaroxaban due to potential drug interactions and for simplicity during the acute phase. His Bisoprolol dose was halved due to transient bradycardia. He responded well to treatment, his breathlessness improved, cough settled, and oxygen requirements remained low. Nebulisers were stopped after 72 hours. He was stable and mobile prior to discharge.

## Investigation results

|                      |  |
|----------------------|--|
| Investigation result | Chest X-ray (20th October 2023) - Hyperinflation and bullous changes consistent with known severe emphysema/COPD. No evidence of focal consolidation, pleural effusion, or pneumothorax. Appearances similar to previous CXR from June 2023. |
|----------------------|--|

## Medications and medical devices

### Medication item (On Admission)

|                 |                             |
|-----------------|-----------------------------|
| Medication name | Salbutamol                  |
| Route           | Inhaled                     |
| Dose amount     | 100 micrograms per puff X 2 |
| Dose timing     | PRN                         |

|                 |               |
|-----------------|---------------|
| Medication name | Tiotropium    |
| Route           | Inhaled       |
| Dose amount     | 18 micrograms |
| Dose timing     | Once daily    |

|                 |            |
|-----------------|------------|
| Medication name | Bisoprolol |
| Route           | Oral       |
| Dose amount     | 5mg        |
| Dose timing     | Once daily |

|                 |                              |
|-----------------|------------------------------|
| Medication name | Warfarin                     |
| Route           | Oral                         |
| Dose amount     | Varies                       |
| Dose timing     | Once daily (usually evening) |

Medication change summary (Changes made during admission)

|                                    |                                       |
|------------------------------------|---------------------------------------|
| Medication name                    | Prednisolone                          |
| Route                              | Oral                                  |
| Dose amount                        | 30mg                                  |
| Dose timing                        | Once daily for 5 days total           |
| Description of amendment           | Added                                 |
| Indication (for medication change) | Acute treatment for COPD exacerbation |

|                                    |   |
|------------------------------------|---|
| Medication name                    | Amoxicillin   |
| Route                              | Oral  |
| Dose amount                        | 500mg   |
| Dose timing                        | Three times daily for 7 days total                        |
| Description of amendment           | Added   |
| Indication (for medication change) | Acute treatment for suspected infective COPD exacerbation |

|                                    |   |
|------------------------------------|---|
| Medication name                    | Rivaroxaban   |
| Route                              | Oral  |
| Dose amount                        | 15mg  |
| Dose timing                        | Twice daily   |
| Description of amendment           | Added   |
| Indication (for medication change) | Temporary anticoagulation during Amoxicillin course |
| Date of latest change              | 21-Oct-2023   |
| Comment                            | Replaced Warfarin temporarily                       |

|                 |            |
|-----------------|------------|
| Medication name | Bisoprolol |
| Route           | Oral       |
|                 |            |

|                                    |                                |
|------------------------------------|--------------------------------|
| Dose amount                        | 2.5mg                          |
| Dose timing                        | Once daily                     |
| Description of amendment           | Dose decreased                 |
| Indication (for medication change) | Reduce heart rate              |
| Date of latest change              | 22-Oct-2023                    |
| Comment                            | Dose reduced from 5mg to 2.5mg |

Name of discontinued medication

|                                 |  |
|---------------------------------|--|
| Name of discontinued medication | Warfarin   |
| Description of amendment        | Stopped  |
| Comment                         | Temporarily stopped, replaced by Rivaroxaban. GP to consider restarting. |

Medication item (On Discharge)

|                 |                             |
|-----------------|-----------------------------|
| Medication name | Salbutamol                  |
| Route           | Inhaled                     |
| Dose amount     | 100 micrograms per puff X 2 |
| Dose timing     | PRN                         |

|                 |               |
|-----------------|---------------|
| Medication name | Tiotropium    |
| Route           | Inhaled       |
| Dose amount     | 18 micrograms |
| Dose timing     | Once daily    |

|                 |            |
|-----------------|------------|
| Medication name | Bisoprolol |
| Route           | Oral       |
| Dose amount     | 2.5mg      |
| Dose timing     | Once daily |

|                 |                             |
|-----------------|-----------------------------|
| Medication name | Rivaroxaban                 |
| Route           | Oral                        |
| Dose amount     | 15mg                        |
| Dose timing     | Twice daily for 3 more days |

|                 |                                   |
|-----------------|-----------------------------------|
| Medication name | Amoxicillin                       |
| Route           | Oral                              |
| Dose amount     | 500mg                             |
| Dose timing     | Three times daily for 4 more days |

|                 |                                       |
|-----------------|---------------------------------------|
| Medication name | Prednisolone                          |
| Route           | Oral                                  |
| Dose amount     | 30mg                                  |
| Dose timing     | Once daily for 2 more days, then stop |

## Allergies and adverse reactions

|                        |            |
|------------------------|------------|
| Causative Agent        | None Known |
| Reaction details       | None       |
| Reaction               | -          |
| Type of reaction       | -          |
| Date first experienced | -          |

## Investigations and procedures requested

|                          |                             |
|--------------------------|-----------------------------|
| Investigations requested | No Investigations requested |
| Procedures requested     | No procedures requested     |

## Plan and requested actions

- Referral made to Community COPD Team for home visit within 1 week to assess current state, inhaler technique, and provide support.
- Message to GP - Please could you review the patient after he finishes his Amoxicillin and Rivaroxaban to consider re-initiating Warfarin and monitor his Bisoprolol dose (currently 2.5mg).
- Patient advised to contact GP if symptoms worsen or do not improve after completing antibiotics and steroids.
- Patient given COPD 'rescue pack' and advised on its use.

## Person completing record

|                 |             |
|-----------------|-------------|
| Name            | Dr S. GREEN |
| Grade           | FY2         |
| Date completed  | 24-Oct-2023 |
| Contact details | Bleep 5678  |

## Document information

|                    |   |
|--------------------|---|
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| Version            | V1  |
| Primary recipients | Dr M Khan, General Medical Practitioner, The Village Surgery      |
|                    | Nurse J Davies - Specialist Nurse Practioner, Community COPD Team |
| Copy recipients    | Arthur Pendelton, Patient   |

