

Discharge Summary for John Davies

Overview

John Davies is a 68-year-old man who lives with his wife in a small bungalow. He is a retired engineer. He has a past medical history of Chronic Obstructive Pulmonary Disease (COPD) and atrial fibrillation.

He was referred to County General Hospital Acute Medical Unit by his GP and admitted on the 10th of May 2024. He presented with a 4-day history of increased cough, shortness of breath, and thicker, green sputum. He reported feeling feverish at home.

On admission, his chest X-ray showed hyperinflation and some peribronchial thickening consistent with COPD, but no pneumonia. His inflammatory markers were mildly elevated (CRP 45). His oxygen saturation was 94% on room air.

He was treated for an acute exacerbation of COPD. This included inhaled bronchodilators, a short course of oral corticosteroids, and a course of oral antibiotics (Amoxicillin).

Following initial treatment and assessment, he remained on the Acute Medical Unit under the care of Dr Emily Carter, Consultant Physician. His medications on admission were:

- Salbutamol 100 micrograms, 2 puffs, inhaled PRN
- Tiotropium 18 micrograms, 1 inhalation OD
- Apixaban 5mg BD

He reported a previous allergy to Codeine, causing nausea and vomiting. During his admission, Tiotropium was continued, Salbutamol PRN was continued. Apixaban dose was reviewed and remained unchanged. Amoxicillin and Prednisolone were added for the exacerbation.

He made good clinical progress, his symptoms improved, and he was stable for discharge on the evening of 12th May 2024.

His medication on discharge was:

- Salbutamol 100 micrograms, 2 puffs, inhaled PRN
- Tiotropium 18 micrograms, 1 inhalation OD
- Apixaban 5mg BD
- Amoxicillin 500mg TDS for 7 days
- Prednisolone 40mg OD for 5 days

No hospital follow up is planned. A referral has been sent to the community respiratory nurse team for follow-up and inhaler technique review. His GP has been informed of his admission and discharge medications.

Patient demographics

Patient name	DAVIES, John (Mr)
Date of birth	15-Sep-1956
Gender	Male
NHS number	Verified - 987 654 3210
Home Address	23 Oak Tree Drive, Willow Creek, County Durham, DH6 4FG
Phone	01325987654
Document Created	12-May-2024
Document Owner	COUNTY GENERAL HOSPITAL NHS TRUST

Authored by	Dr S KHAN - Junior Doctor, COUNTY GENERAL HOSPITAL NHS TRUST
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eDischarge Summary

Other participant(s) in this document:

Name	Dr Emily Carter
Organisation	County General Hospital
Address	Hospital Way, County Town, County Durham, DH1 5AB

Referred by:

Referrer name	Dr R SINGH
Job title	General Medical Practitioner
Referrer organisation	Oakwood Health Centre
Address	High Street, Willow Creek, County Durham, DH6 4GH

Urgent notification

Name	Mary Davies
Relationship	Wife

Social context

Household composition	Lives with wife.
Occupational history	Retired engineer

Admission details

Reason for admission	Increased cough, shortness of breath, green sputum
Admission method	GP after a request for immediate admission has been made direct to a Hospital Provider
Source of admission	Usual place of residence
Date/time of admission	10-May-2024, 10:15hrs

Discharge details

Discharging consultant	Dr Emily Carter
Discharging specialty / department	Acute Medicine
Discharge location	Acute Medical Unit
Date/time of discharge	12-May-2024, 18:30hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent

Discharge destination	Usual place of residence
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Diagnoses

Diagnosis	Acute exacerbation of COPD
Comment	Primary reason for admission
Diagnosis	Atrial fibrillation
Comment	Pre-existing condition, stable
Diagnosis	COPD
Comment	Underlying chronic condition

Clinical summary

Mr Davies presented with a 4-day history of worsening respiratory symptoms consistent with a COPD exacerbation. This included increased cough, green sputum, and breathlessness. Admission CXR and inflammatory markers supported the diagnosis of an infective exacerbation. He was treated with standard therapy including inhaled bronchodilators, oral steroids, and antibiotics. He responded well to treatment, with improving symptoms and was deemed medically fit for discharge on day 3.

Investigation results

Investigation result	Chest X-ray (10th May 2024) - Hyperinflated lungs and increased peribronchial markings consistent with COPD. No lobar consolidation, pleural effusion, or pneumothorax seen.
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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	Apixaban
Route	Oral
Dose amount	5mg
Dose timing	Twice daily

Medication change summary (During Admission)

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

Medication name	Prednisolone
Route	Oral
Dose amount	40mg
Dose timing	Once daily for 5 days only
Description of amendment	Added
Indication (for medication change)	Acute treatment for COPD exacerbation (anti-inflammatory)

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	Apixaban
Route	Oral
Dose amount	5mg
Dose timing	Twice daily

Medication name	Amoxicillin
Route	Oral
Dose amount	500mg
Dose timing	Three times daily for 7 days (started 10/05/2024)

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Medication name	Prednisolone
Route	Oral
Dose amount	40mg
Dose timing	Once daily for 5 days (started 10/05/2024)

Allergies and adverse reactions

Causative Agent	Codeine
Reaction details	
Reaction	Nausea and vomiting
Type of reaction	Adverse drug reaction
Date first experienced	Circa 10 years ago

Investigations and procedures requested

Investigations requested	No Investigations requested
Procedures requested	No procedures requested

Plan and requested actions

- Referral made to Community Respiratory Nurse team for follow up within 1-2 weeks for inhaler technique and ongoing support.
- GP informed of admission, diagnosis and discharge medications.
- Patient advised to complete full courses of Amoxicillin and Prednisolone.
- Patient given written information regarding COPD exacerbations and 'rescue pack' use (although no rescue pack was prescribed on discharge).

Person completing record

Name	Dr S KHAN
Grade	FY2
Date completed	12-May-2024
Contact details	Bleep 5678

Document Information

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