

# Discharge Summary for Mr Alan Davis

## Overview

Alan Davis is a 72-year-old man who resides with his spouse in a two-bedroom bungalow. He is a retired plumber. He has a past medical history of Chronic Obstructive Pulmonary Disease (COPD) and Type 2 Diabetes Mellitus.

He was referred to City Hospital Assessment Unit by his GP and admitted on the 21st of October 2023. He presented with a 4-day history of worsening shortness of breath, increased cough, and change in sputum color to green. He reported a temperature of 37.9 degrees Celsius.

His initial chest X-ray showed changes consistent with COPD but no evidence of pneumonia. Inflammatory markers were elevated, with a CRP of 65 and a normal White Blood Cell count. Oxygen saturation was 95% on room air.

He was treated for an acute exacerbation of COPD, receiving nebulised bronchodilators (salbutamol and ipratropium), a course of oral prednisolone, and commenced on amoxicillin.

Following assessment, he was transferred to Ward C, under the care of Dr. Eleanor Vance, Consultant Respiratory Physician. His regular medications on admission included:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Tiotropium 18 micrograms, inhaled Once Daily
- Metformin 500mg Twice Daily

He reported no known allergies. During his admission, Tiotropium was stopped and replaced with a combined inhaler containing Budesonide and Formoterol. His blood sugar levels remained stable, and Metformin was continued unchanged. His amoxicillin was switched to co-amoxiclav based on local antibiotic guidance.

Mr. Davis showed steady improvement, requiring nebulisers for the first 36 hours but then managing well on his new inhaler. He was discharged home on the evening of 23rd October 2023.

His medication on discharge was:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Budesonide/Formoterol 200/6 dry powder inhaler One puff Twice Daily
- Prednisolone 30mg OD for 5 days
- Co-amoxiclav 250/125mg Three times a day for 7 days
- Metformin 500mg Twice Daily

No hospital follow-up is planned. A referral has been sent to the community COPD Nurse who will arrange a home visit in the coming week to assess his inhaler technique and provide self-management advice. His GP was informed and asked to review him in 2 weeks.

## Patient demographics

Patient name	DAVIS, Alan (Mr)
Date of birth	14-Jul-1951
Gender	Male
NHS number	Verified - 987 654 3210
Home Address	5 High Street, Little Puddleton, Westshire, WS12 3YZ
Phone	01987 654321
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Document Owner	CITY HOSPITALS NHS FOUNDATION TRUST
Authored by	Dr B PATEL - Junior Doctor, CITY HOSPITALS NHS FOUNDATION TRUST

## eDischarge Summary

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

Name	Dr E Vance
Organisation	City Hospitals NHS Foundation Trust
Referred by:	
Referrer name	Dr S Khan
Job title	General Medical Practitioner
Referrer organisation	Puddleton Surgery
Urgent notification	
Name	Mary Davis
Relationship	Spouse

Social context

Household composition Lives with wife.  
Occupational history Retired plumber

Admission details

Reason for admission Worsening shortness of breath, increased cough with green sputum  
Admission method GP referral for acute admission  
Source of admission Usual place of residence  
Date/time of admission 21-Oct-2023, 1145hrs

Discharge details

Discharging consultant Dr E VANCE  
Discharging specialty / department Respiratory Medicine  
Discharge location Ward C  
Date/time of discharge 23-Oct-2023, 1830hrs  
Discharge method PATIENT discharged on clinical advice or with clinical consent  
Discharge destination Usual place of residence

Diagnoses

Diagnosis Infective exacerbation of COPD  
Comment Primary reason for admission  
Diagnosis Type 2 Diabetes Mellitus  
Comment Pre-existing condition, managed medically during admission

Clinical summary

Mr. Davis presented with a 4-day history of increasing shortness of breath, cough with green sputum, and low-grade pyrexia (37.9 degrees Celsius). His CXR showed no focal consolidation, his CRP was 65, and his WBC was normal. SpO2 was 95% on room air. He was treated for an infective exacerbation of his COPD with nebulised salbutamol and ipratropium for 36 hours, oral prednisolone, and antibiotics. He quickly improved and was well enough for discharge on day 3.

Investigation results

Investigation Chest X-ray (21st October 2023) - Hyperinflated lung volumes, consistent with known COPD. No  
result evidence of acute consolidation or pneumothorax. Appearances stable compared to previous films.

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 Metformin  
Route Oral  
Dose amount 500mg  
Dose timing Twice daily

Medication change summary

<b>Medication name</b>	Budesonide + Formoterol
<b>Route</b>	Inhaled
<b>Dose amount</b>	200micrograms/6micrograms per inhalation X 1
<b>Dose timing</b>	Twice daily
<b>Medication change summary</b>	Added
<b>Description of amendment</b>	Added Budesonide/Formoterol inhaler as part of revised maintenance therapy for COPD
<b>Indication (for medication change)</b>	Revised maintenance treatment for COPD
<b>Medication name</b>	Prednisolone
<b>Route</b>	Oral
<b>Dose amount</b>	30mg
<b>Dose timing</b>	Once daily for 5 days only
<b>Medication change summary</b>	Added
<b>Description of amendment</b>	Course of oral prednisolone prescribed
<b>Indication (for medication change)</b>	Acute treatment for COPD exacerbation
<b>Medication name</b>	Amoxicillin
<b>Route</b>	Oral
<b>Medication change summary</b>	Stopped
<b>Description of amendment</b>	Stopped Amoxicillin
<b>Comment</b>	Switched to Co-amoxiclav based on microbiology advice/local guidelins
<b>Medication name</b>	Co-amoxiclav
<b>Route</b>	Oral
<b>Dose amount</b>	250mg/125mg
<b>Dose timing</b>	Three times a day for 7 days
<b>Medication change summary</b>	Added
<b>Description of amendment</b>	Started course of Co-amoxiclav
<b>Indication (for medication change)</b>	Treatment for suspected bacterial respiratory infection in COPD exacerbation
<b>Name of discontinued medication</b>	
<b>Name of discontinued medication</b>	Tiotropium
<b>Description of amendment</b>	Stopped
<b>Comment</b>	Replaced with combined Budesonide/Formoterol inhaler as per COPD management guidelines

## Allergies and adverse reactions

**Causative Agent** No known allergies  
**Reaction details** Not recorded

## Investigations and procedures requested

**Investigations requested** No Investigations requested  
**Procedures requested** No procedures requested

## Plan and requested actions

<b>Actions for healthcare professionals</b>	<ul style="list-style-type: none"> <li>Referral made to Community COPD Nurse Specialist for follow up visit in next week.</li> <li>Message to GP - please review patient in 2 weeks to assess general well-being and ongoing COPD management.</li> <li>Patient advised to contact GP or COPD team if symptoms worsen or do not improve.</li> </ul>
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## Person completing record

**Name** Dr B PATEL  
**Grade** FY2  
**Date completed** 23-Oct-2023

Contact details Ext 54321

Document details

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