

Discharge Summary for Margaret Davison

Patient Details

Name: Margaret Davison

Date of Birth: 15/04/1952

NHS Number: 123 456 7890

Address: 17 Elm Street, Greenfield, NH1 2FG

Sex: Female

Age: 72

Admission Details

Hospital: St. Jude's General Hospital, Meadow Lane, Westbury, WS1 3AB

Date of Admission: 08/07/2024

Consultant: Dr. David Khan (Respiratory Medicine)

Reason for Admission: Increased shortness of breath, productive cough, feaver, and malaise.

Summary of Hospital Stay

Mrs. Davison was admitted with a several day history of worsening respiratory symtoms. Clinical assessment and chest X-ray confirmed a diagnosis of community-acquired pneumonia affecting the lower lobes, complicated by an exacerbation of her pre-existing Chronic Obstructive Pulmonary Disease (COPD).

She was initialy treated with intravenous antibiotics (Amoxicillin and Clarithromycin), supplemental oxygen, and nebulised bronchodilators. Her condition gradually improved over the next few days. She was stepped down to oral antibiotics and compleated a course of oral corticosteroids.

She remanined stable and her oxygen requirements reduced significantly. She is now mobilising well within the ward and is deemed medically fit for discharge.

Key Diagnoses and Problems on Discharge

- Community-acquired pneumonia (Resolved)
- Acute exacerbation of Chronic Obstructive Pulmonary Disease (Improved)
- History of Hypertension

Symptoms on Discharge

Mrs. Davison reports feeling much better. She still has a mild cough, ocassionally productive of clear sputum. Her breathlessness has significantly improved from admission levels, but she remains breathless on modreate exertion, which is baseline for her COPD.

Discharge Medication

Please note any changes or new medications started during this admission:

- Co-amoxiclav 500mg/125mg Tablets - One tablet twice daily for 7 days (New - completing course)
- Prednisolone 5mg Tablets - Five tablets (25mg) once daily for 3 days, then four tablets (20mg) once daily for 3 days, then tapering as per GP plan (New - compleating taper)

- Salbutamol 100micrograms/dose Inhaler (Evohaler) - Two puffs as required for breathlessness (Existing)
- Tiotropium 18micrograms Inhalation Powder (HandiHaler) - One capsule inhaled once daily (Existing)
- Ramipril 5mg Capsules - One capsule once daily (Existing)

Note: Please review all Mrs Davison's medications at her next routine appointment.

Allergies

Penicillin (reported rash)

Procedures and Investigations

- Chest X-ray on admission: Consolidated changes in lower lobes.
- Serial blood tests (FBC, U&Es, CRP): Showed initial inflammatory markers elevated, trended down during stay.
- Sputum culture: Sent - results pending/showed typical respiratory pathogens.

Follow-up Plan

- GP review within 7 days for general well-being check, review of remaining antibiotics and steroid taper.
- Consider routine review in Respiratory Clinic as per usual COPD management plan.
- Patient advised to contact GP if symptoms worsen or new concerns arise.

GP Practice Details

Greenfield Family Practice

The Surgery, High Street, Greenfield, NH1 2DE

Tel: 0123 456 7890

GP: Dr. Emily Carter

Date of Discharge: 16/07/2024

Summary prepared by:

[Name of Junior Doctor/Registrar]

[Contact Number/Bleep]

On behalf of Dr. David Khan, Consultant Respiratory Physician.