Discharge Summary for Sarah Jane Thompson

Patient Details

Name: Sarah Jane Thompson

NHS Number: 123 456 7890

Date of Birth: 15/04/1946 (Age: 78)

Sex: Female

Address: 42 Elm Close
Birchwood
AB1 2CD

Hospital Admission Details

Hospital: St. Augustine's General Hospital

Hospital Number: H1234567

Admission Date: 18/07/2024

Discharge Date: 25/07/2024

Admitted From: Home

Discharged To: Home

Ward: Chestnut Ward

Reason for Admission

Presented with increasing shortness of breath, productive cough with green sputum, and subjective fevers for 48 hours, consistent with an acute exacerbation of her underlying Chronic Obstructive Pulmonary Disease (COPD).

Diagnosis during Admission

- Acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD)
- Hospital-acquired pneumonia
- Hypertension (known)
- Type 2 Diabetes Mellitus (known)
- Osteoarthritis, bilateral knees (known)

Summary of Hospital Stay

Patient Sarah Thompson was admitted with a suspected infective exacerbation of COPD. On arrival, she was hypoxemic and required supplemental oxygen. Initial treatment included nebulised bronchodilators (Salbutamol and Ipratropium) and a course of oral prednisolone.

Despite initial treatment, oxygen requirments increased and she developed new crackles on auscultation. A chest X-ray on day 2 showed new consolidation in the right lower lobe. Bloods showed elevated inflammatory markers. Diagnosis of hospital-acquired pneumonia was made.

Treatment was escalated to intravenous Co-amoxiclav, with subsequent switch to oral Co-amoxiclav as per microbiology advice and clinical improvement. She also receved a short course of oral Clarithromycin initially.

Over the course of the admission, her respiratory symptoms gradually improved. Oxygen was weaned off successfully by day 6. Physiotherapy input assisted with sputum clearance and mobility. Her diabetes was monitored, and her existing oral medication regimen was sufficient to maintian blood glucose control during the stay. Blood pressure remained stable on existing medication.

She became afebrile on day 4 and remained stable thereafter. She was mobilising independently around the ward prior to discharge.

Investigations

- Chest X-ray: Consolidation noted in RLL (Day 2), improved appearances on repeat prior to discharge.
- Bloods: FBC, U&E, CRP, Blood Glucose checked regularly. Elevated CRP on admission (150), peaking on day 3 (210), trending down prior to discharge (65). Blood glucose levels within target range on Metformin.
- Sputum culture: No significant pathogens isolated.

Condition on Discharge

Much improved from admission. Mobilising independantly. Breathing comfortably on room air with sats > 94%. Cough significantly reduced, minimal sputum production. Afebrile. Eating and drinking well.

Discharge Medications

Please note all regular home medications should be continued unless specificaly stated below. Changes and new medications are listed:

- **Salbutamol** 100micrograms/actuation inhaler - Use 2 puffs as required for shortness of breath (Continue existing supply)
- **Beclometasone dipropionate** 100micrograms/actuation inhaler - 2 puffs twice daily (Continue existing supply)
- **Amlodipine** 5mg tablets - One tablet once daily (Continue existing supply)
- **Metformin** 500mg tablets - One tablet twice daily (Continue existing supply)
- **Paracetamol** 500mg tablets - Two tablets up to four times daily as required for pain (Continue existing supply)
- **Codeine phosphate** 30mg tablets - One or two tablets up to four times daily as required for pain (Continue existing supply)
- **Co-amoxiclav** 250/125mg tablets - One tablet three times daily. (NEW - Complete 7-day course started in hospital - finish by 28/07/2024)
- **Prednisolone** 5mg tablets - Tapering course. Take SIX (6) tablets once daily for 3 days, then take FOUR (4) tablets once daily for 3 days, then take TWO (2) tablets once daily for 3 days, then STOP. (NEW - started 18/07/2024, discharge supply covers remaining taper)

New prescriptions have been issued for the Co-amoxiclav and Prednisolone taper course supply on discharge.

Follow-up Plan

- GP review recommended within 1-2 weeks to check progress and review long-term management of COPD and other conditions.
- Encourage consideration of referral for Pulmonary Rehabilitation.
- Patient advised to contact GP urgently if symptoms worsen significantly.

Information for General Practitioner

Patient discharged following admission with COPD exacerbation and hospital-acquired pneumonia. Responded well to antibiotics and steroids. All discharge medications and changes detailed above.

Bloods results from admission and discharge are available electronically.

We have emphasised the importance of completing the antibiotic course and the prednisolone taper.

Please review Ms. Thompson as planned.

Clinician Details

Name: Dr. David Chen

Role: Registrar, Respiratory Medicine

Contact: St. Augustine's General Hospital Switchboard

Date: 25/07/2024