

Discharge Summary for Sarah Johnson

Patient Details

Name:	Sarah Johnson	NHS Number:	123 456 7890
Date of Birth:	1958-03-12	Sex:	Female
Address:	45 Elm Crescent Greenfield GN1 2AB	Usual GP:	Dr. David Patel Greenfield Family Practice 10 High Street Greenfield GN1 1AA

Admission Details

Hospital Name:	St. Augustine's General Hospital	Ward:	Cardiac Ward, Nightingale Wing
Admission Date:	2024-06-15	Admission Time:	14:30
Admitting Consultant:	Dr. Eleanor Vance (Cardiology)	Method of Admission:	Via A&E

Discharge Details

Discharge Date:	2024-06-20	Discharge Time:	11:00
Discharging Consultant:	Dr. Eleanor Vance (Cardiology)	Destination:	Home
Discharging Clinician:	Dr. Alex Sharma (Registrar)	Ward Contact:	0141 987 6543 (Ext 4567)

Summary of Hospital Stay

Mrs. Johnson, a 66-year-old female with a background of hypertension and hyperlipidaemia, was admitted electively for investigation of increasing chest pain on exertion and mild dyspnoea over the preceding weeks.

Presenting Complaints:

- Retrosternal chest discomfort, described as a pressure, radiating to the left arm.
- Occurred with moderate exertion (e.g., walking uphill, carrying shopping).
- Relieved by rest, but taking longer than before.
- Associated with mild breathlessness.

Investigations During Admission:

- ECG on admission showed no acute ST-segment changes but non-specific T wave abnormalities. Repeat ECGs stable.
- Serial Troponin I levels mildly elevated (peak 150 ng/L), consistent with NSTEMI.
- Full blood count, U&Es, LFTs, TFTs all within normal limits.
- Echocardiogram showed good left ventricular systolic function (EF ~55%) with no significant valvular disease.
- Coronary Angiography performed on 18/06/2024 revealed significant stenosis in the mid Left Anterior Descending (LAD) artery (~80%) and moderate disease in a first diagonal branch. The lesion was deemed suitable for medical management given patient preference and clinical context.

Hospital Course and Treatment:

Mrs. Johnson was managed on the cardiac ward. She remained haemodynamically stable throughout her stay. Initial management included pain relief with IV opiates (briefly), antiplatelet agents (Aspirin and Clopidogrel), a statin (Atorvastatin), beta-blocker (Bisoprolol), and an ACE inhibitor (Ramipril). Symptoms improved significantly with rest and medical therapy. Cardiac catheterisation findings discussed with the patient and family. Decision made to proceed with optimising medical therapy rather than percutaneous intervention at this stage.

Diagnoses at Discharge

- Non-ST Elevation Myocardial Infarction (NSTEMI)
- Coronary Artery Disease (multi-vessel, managed medically)
- Hypertension (pre-existing)
- Hyperlipidaemia (pre-existing)

Medications on Discharge

Please note the following medications have been prescribed. Any changes from her previous medication list should be noted:

- **Aspirin** 75mg tablets: One tablet once daily (taken in addition to Clopidogrel for dual antiplatelet therapy).
- **Clopidogrel** 75mg tablets: One tablet once daily.
- **Atorvastatin** 80mg tablets: One tablet once daily (taken at night).
- **Bisoprolol** 5mg tablets: One tablet once daily (increased from previous dose of 2.5mg).
- **Ramipril** 5mg capsules: One capsule once daily (increased from previous dose of 2.5mg).
- **Glyceryl Trinitrate (GTN)** 400 micrograms/actuation oral spray: Two sprays under the tongue as required for chest pain.
- **Paracetamol** 500mg tablets: Two tablets up to four times daily as required for pain.

Patient advised on the importance of adherence to all medication and side effects.

Follow-up Plan

- Referral made to the hospital Cardiac Rehabilitation programme. Patient encouraged to participate fully.
- Outpatient Cardiology clinic appointment to be arranged within 8 weeks.
- Lifestyle advice reinforced: smoking cessation (patient is a non-smoker), healthy diet, regular exercise within limits of symptoms, weight management (BMI 31).

GP Actions Requested

Dear Dr. Patel,

Thank you for looking after Mrs. Johnson. She is being discharged today following management of a NSTEMI.

- Please note the changes to her medication list as detailed above, particularly the addition of Clopidogrel and increases to Bisoprolol and Ramipril.
- Please monitor her blood pressure and heart rate at routine appointments. Target BP < 140/90 mmHg.
- Please arrange for a fasting lipid profile to be checked in approximately 3 months to assess the efficacy of the high-dose statin.
- Reinforce lifestyle advice, including dietary changes and the importance of gradual increase in physical activity as tolerated and guided by cardiac rehab.
- If Mrs. Johnson experiences significant increase in chest pain, new symptoms, or side effects from medications, please assess and consider re-referral to cardiology if appropriate.
- She understands to use her GTN spray for symptom relief. If pain persists despite GTN, she should call 999.

Key Points for Patient

- Take all medicatons exactly as prescribed.
- Use GTN spray for chest pain. Sit down when using it.
- Attend and participate in Cardiac Rehab.
- Maintain healthy lifestyle changes.
- Seek medical attention for worsening symptoms or side effects.
- Call 999 if chest pain is severe, lasts more than 15 minutes, or doesn't go away with GTN.

We wish Mrs. Johnson well in her recovery.

Discharge Date: 20/06/2024

Prepared by: Dr. Alex Sharma (Registrar)

Approved by: Dr. Eleanor Vance (Consultant Cardiologist)