

Discharge Summary for Mr. Arthur Davies

Patient demographics

Patient name	DAVIES, Arthur (Mr)
Date of birth	15-Mar-1955
Gender	Male
NHS number	Verified - 987 654 3210
Home Address	17 Elm Close, Meadow View, Wessex, WP4 7YZ
Phone	01987 654321
Document Created	16-Jul-2024
Document Owner	WESTBRIDGE NHS TRUST
Authored by	Dr. C Senior - Registrar, WESTBRIDGE NHS TRUST

eDischarge Summary

Other participant(s) in this document:

Name	Dr E White
Organisation	Westbridge General Hospital
Address	Hospital Way, Westbridge, WB1 4GH

Referred by:	Dr B Green
Referrer name	Dr B GREEN
Job title	General Medical Practitioner
Referrer organisation	The Green Surgery
Address	Village Road, Meadow View, Wessex, WP5 2AB

Urgent notification	
Name	Susan Davies
Relationship	Spouse

Social context

Household composition	Lives with wife.
Occupational history	Retired engineer

Admission details

Reason for admission	Breathlessness, wheezeing and productive cough
Admission method	GP after discussion with Hospital team
Source of admission	Usual place of residence
Date/time of admission	15-Jul-2024, 1145hrs

Discharge details

Discharging consultant	Dr E WHITE
Discharging specialty / department	Respiratory Medicine
Discharge location	Chestnut Ward
Date/time of discharge	16-Jul-2024, 1630hrs
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	Hypertension
Comment	Secondary diagnosis and treated on this admission

Clinical summary

Mr Davies is a 69-year-old retired engineer who was admitted via the Acute Medical Unit at Westbridge General Hospital on 15th July 2024 following a 3-day history of increasing breathlessness, wheeze and productive greenish-yellow sputum. He also reported a low-grade temprature of 37.8 degrees Celsius. His past medical history includes COPD and Hypertension.

On admission, his CXR showed hyperinflatted lungs consistent with known COPD, but no evidence of consolidation or pneumothorax. Inflammatory markers were mildly elevated with CRP 65, WBC normal. Oxygen saturations were 95% on room air.

He was treated for an infective exacerbation of COPD with nebulised Salbutamol and Ipratropium as required, oral Prednisolone and a course of Doxycycline. His home Beclomethasone inhaler was stopped and he was commenced on Symbicort. Due to persistently elevated blood pressure, his Amlodopine dose was increased from 5mg to 10mg once daily.

Mr Davies responded quickly to treatment, requiring nebulisers only in the first few hours of admission. He was clinically stable and felt well enough to be discharged home on day 2 of his admission.

Investigation results

Investigation	Investigation result
Chest X-ray (15th July 2024)	Hyperinflated lung volumes consistent with COPD. No focal opacity or pleural effusion. No pneumothorax. No change compared to previous imaging 3rd November 2023.

Medications and medical devices

Medication at time of discharge:

Medication name	Route	Dose amount	Dose timing
Salbutamol	Inhaled	100 micrograms per puff X 2	PRN (as required for breathlessness)
Symbicort 200/6 dry powder inhaler	Inhaled	200micrograms/6micrograms per inhalation X 2	Twice daily
Prednisolone	Oral	30mg	Once daily for 3 days only (total 5 day course)
Doxycycline	Oral	100mg	Once daily for 5 days only (total 7 day course)
Amlodipine	Oral	10mg	Once daily

Medication changes during admission:

Medication name	Prednisolone
Route	Oral
Dose amount	30mg
Dose timing	Once daily for 5 days
Medication change summary	Added
Indication (for medication change)	Acute treatment for COPD exacerbation

Medication name	Doxycycline
Route	Oral
Dose amount	100mg
Dose timing	Once daily for 7 days
Medication change summary	Added

Indication (for medication change)	Acute treatment for COPD exacerbation
Medication name	Symbicort 200/6 dry powder inhaler
Route	Inhaled
Dose amount	200micrograms/6micrograms per inhalation X 2
Dose timing	Twice daily
Medication change summary	Added
Date of latest change	15-Jul-2024
Indication (for medication change)	Increased maintenance treatment for COPD

Medication name	Amlodipine
Route	Oral
Dose amount	10mg
Dose timing	Once daily
Medication change summary	Dose increased from 5mg
Date of latest change	15-Jul-2024
Indication (for medication change)	Increased treatment for hypertension

Name of discontinued medication	Beclomethasone 100 micrograms inhaler
Description of amendment	Stopped
Comment	Replaced with Symbicort 200/6 dry powder inhaler

Allergies and adverse reactions

Causative Agent	Penicillin
Reaction details	History of widespread rash
Reaction	Widespread rash
Type of reaction	Allergic
Date first experienced	>25 years ago

Investigations and procedures requested

Investigations requested	No Investigations requested
Procedures requested	No procedures requested

Plan and requested actions

Actions for healthcare professionals

- Referral made to Communtiy COPD Specalist Nurse for follow up in 1 week.
- Message to GP - please could you monitor patients BP. Patient asked to make an appointmnet in 1 week.

Person completing record

Name

Dr C SENIOR

Grade

Registrar

Date completed

16-Jul-2024

Contact details

Pager 54321

Document Details

Document ID

B9C1FE4A-5F2B-4E3D-A78B-C90D123456EF

Version

V1

Primary recipients

Dr B Green, General Medical Practitioner, The Green Surgery

Copy recipients

Sister S BROWN - Specialist Nurse Practitioner, Community COPD Team

Copy recipients

Arthur Davies, Patient