

Discharge Summary for Arthur Evans

Overview

Arthur Evans is a 69-year-old man who lives with his wife in a bungalow. He is a retired builder. He has a past medical history of COPD and Type 2 Diabetes Mellitus.

He was referred to City General Hospital MAU by his GP and was subsequently admitted on the 5th of October 2023. He had a 2-day history of worsening breathlessness, increased cough, and green sputum. He had a temperature of 38.1 degrees Celsius on admission.

His CXR showed hyperinflated lungs with thickened bronchial walls but no focal consolidation. His CRP was raised at 72 but his WBC was normal. His SpO2 was 94% on room air.

He was treated for an acute exacerbation of his COPD, likely infective, and received oxygen, nebulised salbutamol and ipratropium bromide initially, oral prednisolone and began a course of amoxicillin.

Following initial assessment on the MAU he was transferred to Ward F at City General Hospital under the care of Dr. J. Patel, Consultant in Respiratory Medicine. His medications on admission were:

- Salbutamol MDI 100 micrograms 2 puffs, inhaled PRN
- Fostair 100/6 MDI 2 puffs BD
- Metformin 500mg three times daily
- Lisinopril 10mg OD

He reported a previous allergy to Aspirin, experienced more than 10 years ago, causing angioedema. During his admission, Lisinopril was stopped and he was started on Amlodipine 5mg OD as his BP was persistently elevated. His other home medications were continued.

He made a rapid improvement, did not require any oxygen or nebulised treatment on day 2 of his admission and was therefore discharged home on the afternoon of 7th October 2023.

His medication on discharge was:

- Salbutamol MDI 100 micrograms 2 puffs, inhaled PRN
- Fostair 100/6 MDI 2 puffs BD
- Metformin 500mg three times daily
- Amlodipine 5mg OD
- Prednisolone 40mg OD for 5 days (course to complete)
- Amoxicillin 500mg three times daily (course to complete)

No hospital follow up has been arranged but a referral was sent to the community Respiratory Team who will arrange to visit him in the next week. His GP was asked to review his BP and diabetes management in two weeks.

Patient demographics

Patient name	EVANS, Arthur (Mr)
Date of birth	15-Mar-1955
Gender	Male
NHS number	Verified - 987 654 3210
Home Address	22 Highfield Rd, Meadowbrook, Green County, GX55 7YY
Phone	0208 123 4567
Document Created	07-Oct-2023

Document Owner	CITY GENERAL NHS TRUST
Authored by	Dr B SINGH - FY1, CITY GENERAL NHS TRUST

eDischarge Summary

Other participant(s) in this document:

Name	Dr J Patel
Organisation	City General Hospital
Address	Hospital Way, City Centre, City Name, CA1 5XY
Referred by:	
Referrer name	Dr E WHITE
Job title	General Medical Pratitioner
Referrer organisation	Meadowbrook Surgery
Urgent notification	
Name	Mary Evans
Relationship	Spouse

Social context

Household composition	Lives with wife.
Occupational history	Retired builder

Admission details

Reason for admission	Worsening shortness of breath, increased cough, green sputum
Admission method	GP after a request for immediate admission has been made direct to a Hospital Provider
Source of admission	Usual place of residence
Date/time of admission	05-Oct-2023, 1015hrs

Discharge details

Discharging consultant	Dr J PATEL
Discharging specialty / department	Respiratory Medicine
Discharge location	Ward F
Date/time of discharge	07-Oct-2023, 1430hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent
Discharge destination	Usual place of residence

Diagnoses

Diagnosis	Acute exacerbation of COPD
Comment	Primary reason for admission, likely infective

Diagnosis	Type 2 Diabetes Mellitus
Comment	Secondary diagnosis, ongoing management

Diagnosis	Hypertension
Comment	Secondary diagnosis, adjusted medication on this admission

Clinical summary

Mr Evans presented with a 2-day history of increasing breathlessness, cough productive of green sputum and low-grade pyrexia (38.1 degrees Celsius). His CXR showed hyperinflated lungs and thickened bronchial walls, his CRP was 72 and his WBC was normal. He was treated for an infective exacerbation of his COPD with oxygen therapy, 24 hours of nebulised salbutamol and ipratropium and started on oral steroids and antibiotics. He quickly improved and was well enough for discharge on day 2.

Investigation results

Investigation result	Chest X-ray (05th October 2023) - hyperinflated lungs and thickened bronchial walls consistent with the clinical story of COPD. No focal consolidation or pneumothorax seen. No focal mass seen.
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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	Fostair
Route	Inhaled
Dose amount	100 micrograms / 6 micrograms per actuation X 2
Dose timing	Twice daily

Medication name	Metformin
Route	Oral
Dose amount	500mg
Dose timing	Three times daily

Medication name	Lisinopril
Route	Oral
Dose amount	10mg
Dose timing	Once daily

Medication change summary (Added)

Medication name	Prednisolone
Route	Oral
Dose amount	40mg
Dose timing	Once daily for 5 days only
Medication change summary	Added
Description of amendment	New course
Indication (for medication change)	Acute treatment for COPD exacerbation

Medication name	Amoxicillin
Route	Oral
Dose amount	500mg
Dose timing	Three times daily for 7 days only
Medication change summary	Added
Description of amendment	New course
Indication (for medication change)	Acute treatment for suspected infective COPD exacerbation

Medication name	Amlodipine
Route	Oral
Dose amount	5mg
Dose timing	Once daily
Medication change summary	Added
Description of amendment	New medication
Indication (for medication change)	Treatment for Hypertension
Date of latest change	06-Oct-2023
Description of amendment	Added following discontinuation of Lisinopril

Name of discontinued medication

Name of discontinued medication	Lisinopril
Description of amendment	Stopped

Comment	Replaced with Amlodipine due to ongoing elevated BP on Lisinopril
Date of discontinuation	06-Oct-2023

Allergies and adverse reactions

Causative Agent	Aspirin
Reaction details	History of angioedema
Reaction	Angioedema
Type of reaction	Allergic
Date first experienced	>10 years ago

Investigations and procedures requested

Investigations requested	No Investigations requested
Procedures requested	No procedures requested

Plan and requested actions

- Referral made to Community Respiratory Team for follow up in 1 week regarding COPD managment.
- Message to GP - please could you monitor patient's BP and Diabetes control. Patient asked to make an appointment in 2 weeks.

Person completing record

Name	Dr B SINGH
Grade	FY1
Date completed	07-Oct-2023
Contact details	Bleep 54321

Document ID and Recipients

Document ID	B987FE4A-5C21-4F3B-AAAA-B87D54C3210E
Version	V1
Primary recipients	Dr E White, General Medical Practitioner, Meadowbrook Surgery
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