

Discharge Summary for Arthur Jones

Patient Demographics

Patient name	JONES, Arthur (Mr)
Date of birth	10-Apr-1954
Gender	Male
NHS number	987 654 3210
Home Address	1 High Street, Anytown, Countyville, CV1 1AA
Phone	01234 567890
Document Created	07-Nov-2024
Document Owner	COUNTY GENERAL HOSPITAL NHS TRUST
Authored by	Dr P PATEL - FY2 Doctor, COUNTY GENERAL HOSPITAL NHS TRUST

eDischarge Summary Participants

Discharging Consultant	Dr E SMITH
Organisation	County General Hospital
Referrer name	Dr S SINGH
Referrer organisation	Village Health Centre
Urgent notification name	Eleanor Jones
Relationship	Daughter

Social Context

Household composition	Lives alone.
Occupational history	Previously worked as a mechanic. Now retired.

Admission Details

Reason for admission	Increasing shortness of breath and cough with green sputum.
Admission method	GP referral for acute admission.
Source of admission	Usual place of residence.
Date/time of admission	05-Nov-2024, 1000hrs

Discharge Details

Discharging consultant	Dr E SMITH
Discharging specialty / department	General Medicine
Discharge location	Ward B
Date/time of discharge	07-Nov-2024, 1630hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent
Discharge destination	Usual place of residence

Diagnoses

Diagnosis	Community acquired pneumonia
Comment	Primary reason for admission.
Diagnosis	Chronic obstructive pulmonary disease
Comment	Underlying respiratory condition, exacerbated by infection.
Diagnosis	Type 2 Diabetes Mellitus
Comment	Secondary diagnosis. Well controlled during admission.
Diagnosis	Hypertension
Comment	Secondary diagnosis. Medications reviewed.

Clinical summary

Mr. Arthur Jones, a 70-year-old retired mechanic, was admitted on 5th November 2024 with a 2-day history of worsening breathlessness and productive cough. He reported green sputum and a subjective fever at home. Past history includes COPD, Type 2 Diabetes Mellitus, and Hypertension. On admission, he was febrile (38.1Â°C) with crackles noted in the left lower lung field. CXR on admission showed consolidation in the left lower lobe, consistent with Community Acquired Pneumonia. CRP was elevated at 120, WBC was $15 \times 10^9/L$. He was commenced on oral Amoxicillin and a 5-day course of oral Prednisolone. He also received nebulised Salbutamol and Ipratropium Bromide for the first 24 hours due to underlying COPD. His blood sugars remained stable on his usual Metformin. Blood pressure was slightly elevated, and his Ramipril dose was increased. He responded well to treatment, his temperature normalised, cough improved, and oxygen saturations remained stable on air. Discharged home after 2 days.

Investigation results

Investigation	Result
Chest X-ray (05th Nov 2024)	Consolidation in the left lower lobe. Appearances consistent with pneumonia. No pleural effusion or pneumothorax seen.
CRP (05th Nov 2024)	120 mg/L (High)
WBC (05th Nov 2024)	$15.1 \times 10^9/L$ (High)

Medications and medical devices on discharge

Medications prescribed to go home with:

Medication item

Medication name	Amoxicillin 500mg Capsules
Route	Oral
Dose amount	500mg
Dose timing	Three times a day for 7 days only

Medication change summary

Description of amendment	Added
Indication (for medication change)	Acute treatment for Community Acquired Pneumonia

Medication item

Medication name	Prednisolone 40mg Tablets
Route	Oral
Dose amount	40mg
Dose timing	Once daily for 5 days only

Medication change summary

Description of amendment	Added
Indication (for medication change)	Acute treatment for COPD exacerbation and pneumonia inflammation

Medication item

Medication name	Metformin 500mg Tablets
Route	Oral
Dose amount	500mg
Dose timing	Twice daily

Medication change summary

Description of amendment	Continued from home
Indication (for medication change)	Type 2 Diabetes Mellitus

Medication item

Medication name	Budesonide 200micrograms / Formoterol 6micrograms per inhalation dry powder inhaler (Symbicort)
Route	Inhaled
Dose amount	1 inhalation

Dose timing	Twice daily
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Medication change summary

Description of amendment	Continued from home
Indication (for medication change)	Chronic Obstructive Pulmonary Disease

Medication item

Medication name	Salbutamol 100micrograms/actuation Inhaler
Route	Inhaled
Dose amount	2 puffs
Dose timing	PRN (as required)

Medication change summary

Description of amendment	Continued from home
Indication (for medication change)	Symptomatic relief of breathlessness due to COPD

Medication item

Medication name	Ramipril 10mg Capsules
Route	Oral
Dose amount	10mg
Dose timing	Once daily

Medication change summary

Description of amendment	Dose increased from 5mg to 10mg
Indication (for medication change)	Increased treatment for Hypertension
Date of latest change	06-Nov-2024

Allergies and adverse reactions

Causative Agent	Sulphonamides
Reaction details	History of widespread rash and itching.
Reaction	Rash
Type of reaction	Allergic
Date first experienced	Approximately 5 years ago

Investigations and procedures requested

Investigations requested	No Investigations requested
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Procedures requested	No procedures requested
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Plan and requested actions

- Patient discharged home with a 5-day course of Prednisolone and a 7-day course of Amoxicillin.
- GP review requested in 1 week to assess recovery, check BP, and monitor response to Ramipril dose increase.
- Referral sent to Community Respiratory Team for follow-up regarding COPD management after pneumonia. They will arrange a visit in the next 2 weeks.
- Patient advised to contact GP if symptoms worsen or do not improve after completing antibiotics/steroids.
- Advised to keep well hydrated and continue use of Salbutamol inhaler as needed.

Person completing record

Name	Dr P PATEL
Grade	FY2
Date completed	07-Nov-2024
Contact details	Switchboard Bleep 6789

Document Details

Document ID	B987FE1A-5C4B-4E3F-A21D-9F0E12345678
Version	V1
Primary recipients	Dr S Singh, General Medical Practitioner, Village Health Centre
Copy recipients	Sister L Davies - Community Respiratory Nurse, Community Respiratory Team; Arthur Jones, Patient