

# Discharge Summary for Eleanor Vance

## Overview

Eleanor Vance is a 72-year-old woman living with her husband in a two-bedroom flat. She is retired teacher. Her past medical history includes Chronic Obstructive Pulmonary Disease (COPD) and Atrial Fibrillation (AF).

She was admitted to St. Jude's Infirmary via the Acute Medical Unit on the 20th of May 2024, referred by her GP. She presented with a 4-day history of worsening shortness of breath, cough productive of green sputum, and a high fevr of 38.2 degrees Celsius.

Her chest X-ray showed bilateral lower lobe infiltrates consistant with infection. Inflammatory markers were raised (CRP 85, WBC slightly elevated). Oxygen saturation was 93% on room air on admission.

She was treated for an acute exacerbation of COPD, receiving nebulised bronchodilators (Salbutamol and Ipratropium), oral Prednisolone, and oral Amoxicillin. Her Atrial Fibrillation rate remained controlled on her usual medication.

Following initial assessment, she was transferred to Willow Ward under the care of Dr. C. Green, Consultant in Respiratory Medicine.

She made good improvment, requiring only her usual inhalers by day 2 of her admission and was discharged home on the evening of 22nd May 2024.

## Patient Demographics

Patient name	VANCE, Eleanor (Mrs)
Date of birth	15-Mar-1952
Gender	Female
NHS number	Verified - 987 654 3210
Home Address	17 Oak Tree Lane, Willow Creek, Wessex, WS5 5YY
Phone	01987 123456
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Authored by	Dr S LEE - FY2, ST JUDE'S NHS TRUST

## eDischarge Summary Participants

Other participant(s) in this document: Name	Dr C Green
Organisation	St. Jude's Infirmary
Referred by: Referrer name	Dr L WHITE
Job title	General Medical Practitioner
Referrer organisation	The Willow Creek Surgery
Urgent notification Name	Mr. Peter Vance
Relationship	Husband

Social Context

Household composition	Lives with husband in a flat.
Occupational history	Retired teacher

Admission Details

Reason for admission	Increasing shortness of breath, productive cough, fever
Admission method	GP referral to Hospital Provider
Source of admission	Usual place of residence
Date/time of admission	20-May-2024, 1100hrs

Discharge Details

Discharging consultant	Dr C GREEN
Discharging specialty / department	Respiratory Medicine
Discharge location	Willow Ward
Date/time of discharge	22-May-2024, 1830hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent
Discharge destination	Usual place of residence

Diagnoses

Diagnosis	Acute exacerbation of Chronic Obstructive Pulmonary Disease
Comment	Primary reason for admission

Diagnosis	Atrial Fibrillation
Comment	Co-morbid condition, stable on existing managment during admission.

Clinical Summary

Mrs Vance presented with a 4-day history of increasing breathlessness, productive green cough, and pyrexia (38.2 degrees Celsius). Her CXR showed bilateral lower lobe infiltrates, CRP was 85, and WBC was slightly elevated. She was treated for an infective exacerbation of COPD with 24 hours of nebulised salbutamol and ipratropium, and started on oral steroids (Prednisolone) and antibiotics (Amoxicillin). Her AF rate remained controlled. She quickly improved and was well enough for discharge on day 2.

Investigation Results

Investigation result	Chest X-ray (20th May 2024) - Bilateral lower lobe infiltrates consistent with infection in a background of COPD. No pneumothorax or effusions seen. ECG (20th May 2024) - Atrial Fibrillation, controlled rate.
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Medications and Medical Devices

Medication item (On admission)

	Salbutamol
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Medication name	
Route	Inhaled
Dose amount	100 micrograms per puff X 2
Dose timing	PRN

Medication name	Tiotropium
Route	Inhaled
Dose amount	18 micrograms
Dose timing	Once dailly

Medication name	Warfarin
Route	Oral
Dose amount	Variable (adjust per INR)
Dose timing	Once daily

Medication name	Bisoprolol
Route	Oral
Dose amount	5mg
Dose timing	Once daily

Medication change summary (Added/Changed during admission)

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

Medication name	Indacaterol + Glycopyrronium
Route	Inhaled

Dose amount	110 micrograms / 50 micrograms per inhalation X 1
Dose timing	Once daily
Description of amendment	Added / Replaced Tiotropium
Indication (for medication change)	Optimisation of maintenance bronchodilation for COPD
Date of latest change	21-May-2024
Comment	Replaces Tiotropium

Medication change summary (Dose Adjusted during admission)

Medication name	Warfarin
Route	Oral
Dose amount	Variable (adjust per INR)
Dose timing	Once daily
Description of amendment	Dose adjusted
Indication (for medication change)	Maintain therapeutic INR for AF
Date of latest change	21-May-2024 (INR 2.3, dose increased slightly)

Name of discontinued medication

Name of discontinued medication	Tiotropium
Description of amendment	Stopped
Comment	Replaced with Indacaterol + Glycopyrronium

Allergies and Adverse Reactions

Causative Agent	Sulphonamides
Reaction details	History of widespread rash
Reaction	Rash
Type of reaction	Allergic
Date first experienced	>15 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 the next week.
- Message to GP - please could you monitor INR and review remaining antibiotic course (completes 27th May 2024).
- Patient advised to complete the 5-day course of Prednisolone (completes 24th May 2024).
- Patient advised on proper use of new combined inhaler.
- Patient advised to contact GP if symptoms worsen.

Person Completing Record

Name	Dr S LEE
Grade	FY2
Date completed	22-May-2024
Contact details	Bleep 5678

Document Details

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