

# Discharge Summary for Sarah Jenkins

## Patient Details

Name: Sarah Jenkins  
DOB: 15/07/1970  
Sex: Femal  
NHS Number: 987 654 3210  
Address: 14 Meadow Lane  
Brampton  
Cumbria  
CA8 9ZX  
Ethnicity: White British  
Next of Kin: David Jenkins (Husband) - Tel: 01228 555123

## Admission Details

Admission Date: 10/04/2024  
Discharge Date: 13/04/2024  
Admitted To: City General Hospital  
Ward: Cardiology  
Reason for Admission: Chest pain

## General Practitioner

Name: Elm Tree Surgery  
Address: 5 High Street  
Brampton  
Cumbria  
CA8 1AA  
Usual GP: Dr. Eleanor Vance

## Summary of Stay

Ms. Jenkins was admitted following presentation to the Emergency Department with a several day history of increasing exertional chest pain, radiating to her left arm. She has a known background of hypertension and hypercholesterolaemia. On arrival, her ECG showed non-specific ST changes. Serial troponins were negative, effectively ruling out acute myocardial infarction. She was admitted to the Cardiology ward for further assessment and managment.

## Investigations

Investigations included repeat ECGs, routine blood tests, and an echocardiogram which showed mild left ventricular impairment. A CT Coronary Angiogram has been requested as an outpatient.

## Diagnosis on Discharge

Unstable Angina  
Hypertension  
Hypercholesterolaemia

## Treatment in Hospital

During her stay, Ms. Jenkins was managed with an intravenous Glyceryl Trinitrate infusion initially, titrated down before switching to oral Isosorbide Mononitrate. She was commenced on Clopidogrel 75mg. Her other regular medications were reviewed and adjusted.

## Medication on Discharge

Please note any changes from admission medications are highlighted.

**Lisinopril 10mg tablets:** One taken orally once daily in the morning. *(Dose increased from 5mg)*

**Atorvastatin 40mg tablets:** One taken orally once daily at bedtime. *(No change)*

**Clopidogrel 75mg talbets:** One taken orally once daily. *(NEW medication)*

**Isosorbide Mononitrate 60mg MR tablets:** One taken orally once daily in the morning. *(NEW medication)*

**Glyceryl Trinitrate 400microgram sublingual spray:** Use 1-2 sprays under the tongue as required for chest pain. Repeat after 5 minutes if pain persists. Call 999 if pain not relieved after 10 minutes (2 doses). *(New supply provided)*

## Follow-up Plan

Outpatient review with Cardiology - appointment letter to follow.

CT Coronary Angiogram - appointment to be sent separately.

GP review recommended in 1-2 weeks to check blood pressure and medication tolerance.

## Advice to Patient and GP

Patient advised on lifestyle modifications including smoking cessation, diet, and exercise. Given detailed advice on the use of GTN spray and what to do if chest pain recurs. Advised to call 999 immediately if she experiences severe or prolonged chest pain not relieved by GTN spray. GP please monitor blood pressure and lipids, and review tolerace of new medications.

## Clinician Details

Discharging Doctor: Dr. Anya Sharma

Ward Consultant: Prof. Robert Davies

Date Summary Generated: 13/04/2024