Discharge Summary for Eleanor Vance

Patient Details

Name:
Eleanor Vance

Date of Birth:
15/03/1958

NHS Number:
123 456 7890

Sex:
Female

Address:
Flat 3, Acacia Gardens
Willow Creek
WC1A 1BC

General Practise:
The Willow Creek Surgery
1 High Street
Willow Creek
WC1A 1BD

Usual GP:
Dr. Anya Sharma

Hospital Stay Details

Hospital:
St. Jude's General Hospital

Ward:
Oak Ward

Admission Date:
2024-05-10

Discharge Date:
2024-05-15

Reason for Admission

66-year-old female admited with a 3-day history of worsening chest pain on exertion, associated with breathlessness.

History of Presenting Compliant

Mrs Vance reported chest pain which had become more frequent and severe over the last few days. The pain was described as a pressure sensation in the centre of the chest, radiating slightly to the left arm. It was typically triggered by walking up a gentle slope or carrying shopping, reliving with rest. This was different from her usual stable angina pattern. She also noted increased fatigue and shortness of breath with less exertion than previously. No clear anginal equivalents like jaw pain or significant sweating. Denied fever, cough, or leg swelling.

Past Medical Hisory

- Hypertension (diagnosed 10 years ago)
- Stable Angina Pectoris (diagnosed 5 years ago)
- Hypercholesterolaemia
- Osteoarthritis (knees)
- Former smoker (quit 5 years ago)

Social History

Lives with her partner in a first-floor flat. Relatively independent with activities of daily living but has been finding stairs more difficult recently due to breathlessness and knee pain. Denies significant alcohol intake (occasional glass of wine). No known social care package.

Examination on Admision

BP 155/95 mmHg, HR 85 bpm (regular), RR 18, Sats 97% on air. Appears comfortable at rest, not in acute distress. Chest clear to auscultation. Normal heart sounds, no murmurs noted. Abdomen soft, non-tender. Mild bilateral ankle oedema present. Peripheral pulses palpable.

Invistigations

- ECG on admission: Showed minor ST depression in V4-V6, unchanged from previous ECG.
- Serial Troponins: Initial negative, repeated at 6 and 12 hours were also negative.
- Bloods: FBC, U&Es, LFTs all within normal limits. Cholesterol profile confirmed dyslipidaemia.
- Chest X-ray: Clear lung fields, normal heart size.
- Echocardiogram: Performed during admission. Showed mild left ventricular hypertrophy, preserved ejection fraction (58%), no significant valvular disease.

Hospital Course & Treatment

Mrs Vance was admitted to rule out Non-ST Elevation Myocardial Infarction (NSTEMI) given the change in her angina patern. Serial troponins were reassuringly negative. She was managed medically with bed rest initially, continuous monitoring, and pain relief as needed (which was minimal after the first day). Her medication was reviewed and optimised. Intravenous nitrates were not required. She was started on clopidogrel in addition to her existing aspirin for secondary prevention, pending cardiology review and potential angiography.

She remained stable throughout the admission, with no further episodes of chest pain. Mobilised gradually on the ward without issues.

Complications During Stay

None.

Discharge Diagosis

Unstable Angina (stabilised)

Hypertension

Hypercholesterolaemia

Medications on Dicharge

Please note changes below:

- Aspirin 75mg tablets - One tablet once daily (No change)
- Bisoprolol 5mg tablets - One tablet once daily (Dose increased from 2.5mg)
- Ramipril 5mg capsules - One capsule once daily (No change)
- Atorvastatin 40mg tablets - One tablet once daily, taken at night (Dose increased from 20mg)
- Clopidogrel 75mg tablets - One tablet once daily (NEW medication)
- Glyceryl Trinitrate 400microgram sublingual spray - As needed for chest pain (No change)

Patient advised to continue taking all medications as pescribd.

Folow-up Plan

- Outpatient Cardiology Clinic appointment to be arranged within 4-6 weeks.
- Discussion with consultant regarding suitability and scheduling of elective coronary angiography.

Actions for General Practise

- Please continue all medications as listed above. Note dose increases for Bisoprolol and Atorvastatin, and the addition of Clopidogrel.
- Monitor Blood Pressure and U&Es in 2 weeks (due to Ramipril).
- Encourage Mrs Vance with gradual increase in activity levels and reinforce advice regarding diet and weight management.
- Ensure patient receives notification of outpatient appointment.
- Advise patient to contact the practice or 111 if symptoms worsen significantly before follow-up.

Advise for Patiant

- Continue to take all prescribed medicatons regularly.
- Use GTN spray as needed for chest pain - if pain persists 5 minutes after first dose, take a second dose, and if still present after another 5 minutes, call 999.
- Gradual return to normal activities, stopping if chest pain or significant breathlessness occurs.
- Maintain a healthy diet and regular exercise appropriate for fitness level.
- Smoking cessation advice re-iterated - patient remains a non-smoker.
- Follow-up appointment letter will be sent in due course.

Clinician Details

Consultant:
Dr. James Chen (Cardiology)

Prepared By:
Dr. Sophie White (Medical Registrar)

Date Prepared:
2024-05-15

Signature: _____ (placeholder)