Discharge Summary for John Davis

Overview

John Davis is a 70-year-old man who lives with his wife in a two bedroom bungalo. He is a retired teacher. He has a past medical histor of COPD and hypertension.

He was referred to Central Teaching Hospital Acute Medical Unit by his GP and was subsequently admitted on the 10th of March 2023. He had a 4-day history of increasing breathlessness, productive grey sputum, and chest tightness. He had a low-grade temprature of 37.9 degrees Celsius on admission.

His Chest X-Ray showed hyperinflated lungs consistant with COPD but no focal consolidation. His CRP was raised at 65 but his WBC was normal. His SpO2 was 95% on room air.

He was treated for an infective exacebation of COPD and receieved nebulised Salbutamol and Ipratropium bromide for 24 hours, oral prednisolone and began a course of Doxycyline.

Following initial assessment on the AMU he was transfered to Ward A at Central Teaching Hospital under the care of Dr Emily Carter, Consultant Physician. His medcations on admission were:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Seretide 250/50 dry powder inhaler 1 puff BD
- Amlodipine 5mg OD

He reported a previous allergy to Erythromycin, causing nausia more than 10 years ago. During his admission, the Seretide was stopped and replaced by Spiriva Respimat. His amlodipine was increased to 10mg OD as his BP was persitantly elevated.

He made a rapid improvement, did not require any nebulised treatment after day 1 of his admission and was therefore disharged home on the evening of 12th March 2023.

His medcation on discharge was:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Spiriva Respimat 2.5 micrograms 2 puffs OD
- Prednisolone 30mg OD for 4 days
- Doxycycline 100mg OD for 7 days
- Amlodipine 10mg OD

No hospital follow up has been arranged but a referral was sent to the community COPD Specialist Nurse who will arrange to visit him in the next 5 days. His GP was asked to review his BP 10 days after discharge.

Patient demographics

Patient name	DAVIS, John (Mr)
Date of birth	15-May-1953
Gender	Male
NHS number	Verified - 987 654 3210

Home Address	17 High Street, Old Town The County, ZY99 1AB
Phone	07890123456
Document Created	12-Mar-2023
Document Owner	CENTRAL TEACHING HOSP TRUST
Authored by	Dr S SINGH - Registrar, CENTRAL TEACHING HOSP TRUST

eDischarge Summary

Other participant(s) in this document:

Name	Dr E Carter
Organisation	Central Teaching Hospital
Address	Main Building, Hospital Way Cityville, CV1 1AA

Referred by:

Referrer name	Dr B GREEN
Job title	General Medical Practitionar
Referrer organisation	Riverside Practice

Urgent notification

Name	Mary Davis
Relationship	Spouse

Social context

Household composition	Lives with wife.
Occupational history	Retired teacher

Admission details

Reason for admission	Breathless, chest tightness and productive cough
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	10-Mar-2023, 10:30hrs

Discharge details

Discharging consultant	Dr E CARTER
Discharging specialty / department	Acute Medcine
Discharge location	Ward A
Date/time of discharge	12-Mar-2023, 18:00hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent
Discharge destination	Usual place of residance

Diagnoses

Diagnosis	Infective exacerbation of COPD
Comment	Primary reason for admissin

Diagnosis	Hypertenson
Comment	Secondary diagosis and treated on this admission

Clinical summary

Mr Davis presented with a 4-day history of increasing breathlessness, chest tightness, productive cough (grey sputum) and low-grade pyrexia (37.9 degrees Celsius). His CXR showed no focal consolidation, his CRP was 65 and his WBC was normal. He was treated for an infective exacebation of his COPD with 24 hours of nebulised salbutamol and ipratropium and started on steroids and antibiotics. He quickly improved and was well enough for discharge on day 2.

Investigation results

Investigation result	Chest X-ray (10th March 2023) - hyperinflated lungs consistant with the clinical story of COPD. No focal consolidation or pneumothorax seen. No focal mass seen. Appearances are unchanged compared to previous CXR 15th December 2022

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	Seretide
Route	Inhaled
Dose amount	250 micrograms / 50 micrograms per inhalation X 1
Dose timing	Twice daily

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

Medication change summary (On Discharge)

Medication name	Spiriva Respimat
Route	Inhaled
Dose amount	2.5 micrograms per inhalation X 2
Dose timing	Once daily
Medication change summary	Added
Description of amendment	Added
Indication (for medication change)	Increased bronchodilation for COPD

Medication name	Prednisolone
Route	Oral
Dose amount	30mg
Dose timing	Once daily for 4 days only
Medication change summary	Added
Description of amendment	Added
Indication (for medication change)	Acute treatment for COPD exacerbation

	Doxycycline

Medication name	
Route	Oral
Dose amount	100mg
Dose timing	Once daily for 7 days only
Medication change summary	Added
Description of amendment	Added
Indication (for medication change)	Acute treatment for COPD exacerbaton

Medication name	Amlodipine
Route	Oral
Dose amount	10mg
Dose timing	Once daily
Medication change summary	Increased treatment for hypertension
Indication (for medication change)	Increased treatment for hypertensn
Date of latest change	11-Mar-2023
Description of amendment	Dose increased from 5mg to 10mg

Name of discontinued medication

Name of discontinued medication	Seretide
Description of amendment	Stopped
Comment	Replaced with Spiriva Respimat

Allergies and adverse reactions

Causative Agent	Erythromycin
Reaction details	History of nausia
Reaction	Nausea
Type of reaction	Adverse reaction
Date first experienced	>10 years ago

Investigations and procedures requested

Investigations requested	

	No Investigations requested
Procedures requested	No procedures requested

Plan and requested actions

Actions for healthcare professionals	• Referral made to Community COPD Specialist Nurse for follow up in 5 days • Message to GP - please could you monitor patiants BP. Patiant asked to make an appointment in 10 days.

Person completing record

Name	Dr S SINGH
Grade	Registrar
Date completed	12-Mar-2023
Contact details	Bleep 54321

Document information

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Copy recipients	John Davis, Patiant