

Discharge Summary for John Doe

Overview

John Doe is a 64-year-old man who lives with his wife in a bungalow. He is a retired builder. He has a past medical history of Chronic Obstructive Pulmonary Disease (COPD) and Essential Hypertension.

He was referred to City General Hospital MAU by his GP and was subsequently admitted on the 20th of May 2024. He had a 4-day history of increasing breathlessness, wheeze, and a productive cough producing green sputum. He had a low-grade temperature of 38.1 degrees Celsius on admission.

His CXR showed hyperinflated lungs consistent with COPD but no focal consolidation. His CRP was raised at 65 but his WBC was only slightly raised. His SpO2 was 94% on room air.

He was treated for an infective exacerbation of COPD and received nebulised salbutamol and ipratropium bromide as needed, oral prednisolone and began a course of Amoxicillin.

Following initial assessment on the MAU he was transferred to Ward B at City General Hospital under the care of Dr E White, Consultant in Respiratory Medicine. His medications on admission were:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Beclomethasone 100 micrograms 2 puffs BD
- Amlodipine 5mg OD

He reported a previous allergy to Aspirin, experienced more than 10 years ago, causing a widespread rash. During his admission, the Beclomethasone was stopped and replaced by a Budesonide/Formoterol combination inhaler. His amlodipine was increased to 10mg OD as his BP was persistently elevated.

He made a rapid improvement, did not require any nebulised treatment after the first day and was therefore discharged home on the evening of 22nd May 2024.

His medication on discharge was:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Budesonide 400mcg / Formoterol 12mcg dry powder inhaler, 1 puff BD
- Prednisolone 40mg OD for 5 days
- Amoxicillin 500mg TDS 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 1-2 weeks. His GP was asked to review his BP a week after discharge.

Patient demographics

Patient name	DOE, John (Mr)
Date of birth	15-Mar-1960
Gender	Male
NHS number	Verified - 987 654 3210

Home Address	12 Oak Avenue, Meadowville, Green County, GV12 3AB
Phone	01234 567890
Document Created	23-May-2024
Document Owner	CITY GENERAL HOSPITAL
Authored by	Dr B GREEN - Registrar, CITY GENERAL HOSPITAL

eDischarge Summary

Other participant(s) in this document:

Name	Dr E White
Organisation	CITY GENERAL HOSPITAL
Address	Hospital Way, Cityville, City County, CY1 2ZX

Referred by:

Referrer name	Dr C BROWN
Job title	General Medical Practitioner
Referrer organisation	Meadowville Surgery

Urgent notification

Name	Jane Doe
Relationship	Spouse

Social context

Household composition	Lives with wife.
Occupational history	Retired builder

Admission details

Reason for admission	Breathless, wheeze and productive cough (Exacerbation of COPD)
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	20-May-2024, 1000hrs

Discharge details

Dischargingg consultant	Dr E WHITE

Discharging specialty / department	Respiratory Medicine
Discharge location	Ward B
Date/time of discharge	22-May-2024, 1430hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent
Discharge destination	Usual place of residence

Diagnoses

Diagnosis	Infective exacerbation of COPD
Comment	Primary reason for admission
Diagnosis	Essential Hypertension
Comment	Secondary diagnosis and treated on this admission

Clinical summary

Mr Doe presented with a 4-day history of increasing breathlessness, wheeze, productive cough (green sputum) and low-grade pyrexia (38.1 degrees Celsius). His CXR showed no focal consolidation, his CRP was 65 and his WBC was slightly raised. He was treated for an infective exacerbation of his COPD with nebulised salbutamol and ipratropium as needed 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 (20th May 2024) - hyperinflated lungs consistent with the clinical story of COPD. No focal consolidation or pneumothorax seen. No focal mass seen. Appearances are unchanged compared to previous CXR 10th January 2024.
----------------------	--

Medications and medical devices

Medication item (On Admission - Implicit)

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

Medication item (On Admission - Implicit)

Medication name	Beclomethasone
Route	Inhaled
Dose amount	100 micrograms per puff X 2

Dose timing	Twice daily
--------------------	-------------

Medication item (On Admission - Implicit)

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

Medication item (On Discharge)

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

Medication item (On Discharge)

Medication name	Budesonide + Formoterol
Route	Inhaled
Dose amount	400 micrograms / 12 micrograms per inhalation X 1
Dose timing	Twice daily

Medication item (On Discharge)

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

Medication item (On Discharge)

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

Medication item (On Discharge)

Medication name	Amlodipine
Route	Oral

Dose amount	10mg
Dose timing	Once daily

Medication change summary

Medication name	Budesonide + Formoterol
Description of amendment	Added
Indication (for medication change)	Improved long-acting bronchodilator and steroid treatment for COPD

Medication name	Prednisolone
Description of amendment	Added
Indication (for medication change)	Acute treatment for COPD exacerbation

Medication name	Amoxicillin
Description of amendment	Added
Indication (for medication change)	Treatment of chest infection

Medication name	Amlodipine
Description of amendment	Dose increased from 5mg to 10mg
Indication (for medication change)	Increased treatment for hypertension
Date of latest change	21-May-2024

Name of discontinued medication

Name of discontinued medication	Beclomethasone
Description of amendment	Stopped
Comment	Replaced with Budesonide + Formoterol combination

Allergies and adverse reactions

Causative Agent	Aspirin
Reaction details	History of widespread rash
Reaction	Rash

Type of reaction	Allergic
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 Comunity COPD Spcialist Nurse for follow up in 1-2 weeks
- Message to GP - please could you monitor patients BP. Patient asked to make an appointment in 1 week.

Person completing record

Name	Dr B GREEN
Grade	Registrar
Date completed	23-May-2024
Contact details	Pager 54321

Document details

Document ID	B987XY1Z-4E5F-6G7H-8I9J-0K1L2M3N4O5P
Version	V1
Primary recipients	Dr C Brown, General Medical Practitioner, Meadowville Surgery
Copy recipients	Sister L DAVIES - Spcialist Nurse Practitioner, Community COPD Team John Doe, Patient