

Discharge Summary for John Davies

Overview

John Davies is a 72-year-old man who lives with his wife in a two bedroom bungalow. He is a retired builder. He has a past medical history of COPD and Type 2 Diabetes Mellitus.

He was referred to St. Luke's Hospital Medical Assessment Unit by his GP and was subsequently admitted on the 20th of October 2024. He had a 4-day history of worsening shortness of breath, increased cough productive of purulent green sputum, and felt feverish. He had a temperature of 38.1 degrees Celsius on admission.

His CXR showed patchy consolidation in the right lower lobe consistent with pneumonia. His WCC and CRP were elevated. His SpO2 was 90% on room air, requiring oxygen support during admission.

He was treated for an acute exacerbation of COPD complicated by Community Acquired Pneumonia. He received nebulised salbutamol and ipratropium bromide, intravenous Co-amoxiclav, oral prednisolone, and subsequent oral doxycycline.

Following initial assessment and treatment on the MAU, he was transferred to Ward B at St. Luke's Hospital under the care of Dr. S. Khan, Consultant Respiratory Physician. His medications on admission were:

- Salbutamol 100 micrograms MDI, 2 puffs PRN
- Beclometasone 200 micrograms MDI, 2 puffs BD
- Metformin 500mg, three times daily

He reported a previous allergy to Sulphonamides (Co-trimoxazole), experienced more than 10 years ago, causing a widespread rash. During his admission, the Beclometasone was stopped and replaced by Fostair (Budesonide/Formoterol). His Metformin dose was increased to 850mg three times daily due to elevated blood glucose readings.

He made good improvement, oxygen was weaned and discontinued on day 3 of admission. He was well enough to be discharged home on the evening of 23rd October 2024.

His medication on discharge was:

- Salbutamol 100 micrograms MDI, 2 puffs PRN
- Fostair 100/6 dry powder inhaler, 2 puffs BD
- Prednisolone 40mg OD for 3 more days
- Doxycycline 100mg OD for 5 more days
- Metformin 850mg, three times daily

No hospital follow up has been arranged but a referral was sent to the community COPD Matron who will arrange to visit him in the next week. His GP was asked to review his respiratory status and diabetes control a week after discharge.

Patient demographics

Patient name	DAVIES, John (Mr)
Date of birth	15-May-1952
Gender	Male
NHS number	Verified - 987 654 3210

Home Address	5 Meadow Way, Greenfields, Hillshire, HS1 2FG
Phone	020 1234 5678
Document Created	23-Oct-2024
Document Owner	ST. LUKE'S HOSPITAL NHS TRUST
Authored by	Dr L GREEN - Foundation Year 2, ST. LUKE'S HOSPITAL NHS TRUST

eDischarge Summary

Other participant(s) in this document:

Name	Dr J Sharma
Organisation	The Greenfields Surgery
Address	1 Acacia Avenue, Greenfields, Hillshire, HS1 2GH

Referred by:

Referrer name	Dr J SHARMA
Job title	General Medical Practitioner
Referrer organisation	The Greenfields Surgery

Urgent notification:

Name	Mary Davies
Relationship	Wife

Social context

Household composition	Lives with wife.
Occupational history	Retired builder

Admission details

Reason for admission	Worsening shortness of breath, cough and fever
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-Oct-2024, 1145hrs

Discharge details

Discharging consultant	Dr S KHAN
Discharging specialty / department	Respiratory Medicine
Discharge location	Ward B
Date/time of discharge	23-Oct-2024, 1830hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent
Discharge destination	Usual place of residence

Diagnoses

Diagnosis	Acute exacerbation of COPD
Comment	Primary reason for admission, infective cause
Diagnosis	Community-acquired pneumonia
Comment	Complicating factor contributing to severity of exacerbation
Diagnosis	Type 2 Diabetes Mellitus
Comment	Secondary diagnosis, monitored and treatment adjusted during admission

Clinical summary

Mr Davies presented with a 4-day history of increasing breathlessness, cough productive of purulent green sputum, and low-grade pyrexia (38.1 degrees Celsius). His CXR showed patchy consolidation in the RLL, his WCC and CRP were elevated. He was treated for an infective exacerbation of his COPD complicated by CAP with nebulised bronchodilators, IV Co-amoxiclav for 48 hours followed by oral doxycycline, and a course of oral steroids. His diabetes was managed with an increase in Metformin dose. He quickly improved, oxygen requirements resolved and he was well enough for discharge on day 4.

Investigation results

Investigation result	Chest X-ray (20th October 2024) - Hyperinflated lungs with patchy consolidation noted in the right lower lobe. No pleural effusions or pneumothorax seen. Appearances different compared to previous CXR 12th December 2023 which showed only hyperinflation.
Investigation result	Full Blood Count (20th October 2024) - Elevated White Cell Count ($14.5 \times 10^9/L$). Haemoglobin and platelets normal.
Investigation result	C-Reactive Protein (20th October 2024) - Elevated CRP (78 mg/L).

Medications and medical devices on Admission

Medication name	Salbutamol
Route	Inhaled

Dose amount	100 micrograms per puff X 2
Dose timing	PRN
Medication name	Beclometasone
Route	Inhaled
Dose amount	200 micrograms per puff X 2
Dose timing	Twice daily
Medication name	Metformin
Route	Oral
Dose amount	500mg
Dose timing	Three times daily

Medication changes during Admission

Medication name	Co-amoxiclav
Route	Intravenous
Dose amount	1.2g
Dose timing	Every 8 hours
Medication change summary	Added, then Stopped (after 48h).
Indication (for medication change)	Treatment of Community Acquired Pneumonia and COPD exacerbation

Medication name	Prednisolone
Route	Oral
Dose amount	40mg
Dose timing	Once daily
Medication change summary	Added.
Indication (for medication change)	Acute treatment for COPD exacerbation

Medication name	Doxycycline
Route	Oral
Dose amount	100mg
Dose timing	Once daily
Medication change summary	Added. Started after IV Co-amoxiclav completed.
Indication (for medication change)	Acute treatment for COPD exacerbation/CAP - stepdown from IV antibiotics

Medication name	Fostair (Budesonide/Formoterol)

Route	Inhaled (DPI)
Dose amount	100 micrograms/6 micrograms per inhalation X 2
Dose timing	Twice daily
Medication change summary	Added. Replaced Beclometasone.
Indication (for medication change)	Increased bronchodilation and steroid effect for COPD management

Medication name	Metformin
Route	Oral
Dose amount	850mg
Dose timing	Three times daily
Medication change summary	Dose increased from 500mg TDS to 850mg TDS.
Indication (for medication change)	Improved glycaemic control during acute illness

Medication name	Beclometasone
Route	Inhaled
Dose amount	200 micrograms per puff X 2
Dose timing	Twice daily
Medication change summary	Stopped.
Comment	Replaced with Fostair

Medications on Discharge

Medication name	Salbutamol
Route	Inhaled
Dose amount	100 micrograms per puff X 2
Dose timing	PRN
Medication name	Fostair (Budesonide/Formoterol)
Route	Inhaled (DPI)
Dose amount	100 micrograms/6 micrograms per inhalation X 2
Dose timing	Twice daily
Medication name	Prednisolone
Route	Oral
Dose amount	40mg
Dose timing	Once daily for 3 more days
Medication name	Doxycycline
Route	Oral

Dose amount	100mg
Dose timing	Once daily for 5 more days
Medication name	Metformin
Route	Oral
Dose amount	850mg
Dose timing	Three times daily

Allergies and adverse reactions

Causative Agent	Sulphonamides (e.g. Co-trimoxazole)
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	<ul style="list-style-type: none">Referral made to Community COPD Matron Ms. P. Singh for follow up in 1 week.Message to GP Dr. J. Sharma - please could you monitor pateint's respiratory status and diabetes control. Patient asked to make an appointment in 1 week.Patient advised on use of new inhaler (Fostair) and importance of completing antibiotic and steroid courses.
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Person completing record

Name	Dr L GREEN
Grade	FY2
Date completed	23-Oct-2024
Contact details	Hospital Switchboard Ext 5678

Document details

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Copy recipients	Ms P SINGH - Community Matron, Community Respiratory Team
Copy recipients	John Davies, Patient