

Discharge Letter

Discharge Summary:

The patient, a 58-year-old male, was admitted on 1st March 2024 presenting with severe chest pain radiating to the left arm, shortness of breath, and diagnosed with acute transmural myocardial infarction of the anterior wall. Initial investigations revealed ST-elevation MI on the ECG and elevated troponin levels peaking at 12 hours post-admission alongside elevated LDL cholesterol. The patient underwent percutaneous coronary intervention (PCI) with stent placement on the same day.

During hospitalization, the patient showed a positive response to treatment with stable vitals, no recurrent chest pain, and reducing troponin levels over subsequent days. Medications included aspirin, clopidogrel, IV heparin, nitroglycerin, beta-blocker, ACE inhibitor, and statin, all administered per protocol. No complications were noted during the hospital course.

On the morning of 5th March 2024, the patient was deemed ready for discharge following significant improvement and completion of necessary education on post-discharge care. The discharge plan includes continuation of medications, lifestyle modifications including a heart-healthy diet, exercise routine, smoking cessation, and stress management strategies. A follow-up appointment at the Cardiology outpatient clinic has been scheduled for 20th March 2024 to monitor recovery and medication management.

At the time of discharge on 6th March 2024, the patient was in good condition, demonstrating stable vitals and readiness for transition to continued outpatient care under the supervision of the Cardiology team.