
Discharge Summary

Patient Information:

- **Name:** John Doe
- **Date of Birth:** 03/15/1985
- **Gender:** Male
- **Medical Record Number (MRN):** 123456789
- **Admission Date:** 04/20/2025
- **Discharge Date:** 04/30/2025
- **Attending Physician:** Dr. Sarah Williams, MD

Reason for Admission:

Mr. John Doe, a 40-year-old male, was admitted to the hospital for management of **acute myocardial infarction** (heart attack). He presented to the emergency room with chest pain, shortness of breath, and diaphoresis. Diagnostic workup confirmed a **ST-elevation myocardial infarction (STEMI)**.

Hospital Course:

- **Day 1:** Upon admission, the patient was immediately started on **aspirin, clopidogrel, and heparin**. He underwent **percutaneous coronary intervention (PCI)** with **stent placement** in the **left anterior descending artery**. The procedure was successful with no complications.
- **Day 2–4:** The patient was monitored in the **coronary care unit (CCU)** for the next three days. His vital signs remained stable, and he was started on **beta-blockers** (metoprolol) and **ACE inhibitors** (lisinopril) for long-term management of heart failure risk.
- **Day 5–7:** The patient was gradually transitioned to oral medications. He was also given **statin therapy** (atorvastatin) to manage cholesterol levels. Physical therapy was initiated for early ambulation.
- **Day 8–10:** The patient's condition improved significantly. He was seen by a cardiologist who confirmed that his heart function was stable. He was discharged with a **follow-up appointment** in **two weeks** for an echocardiogram and further evaluation.

Discharge Medications:

- **Aspirin 81 mg:** Take 1 tablet by mouth daily
- **Clopidogrel 75 mg:** Take 1 tablet by mouth daily for 1 month

- **Metoprolol 50 mg:** Take 1 tablet by mouth twice daily
 - **Lisinopril 10 mg:** Take 1 tablet by mouth daily
 - **Atorvastatin 40 mg:** Take 1 tablet by mouth nightly
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Instructions on Discharge:

- **Dietary Restrictions:** Low-sodium, heart-healthy diet recommended. Avoid high-fat and high-sodium foods.
 - **Activity Restrictions:** Gradual increase in activity. No heavy lifting or strenuous exercise for the next 4 weeks.
 - **Wound Care:** Keep the PCI catheter insertion site clean and dry. Monitor for signs of infection such as redness, swelling, or increased pain.
 - **Follow-up Care:** Follow up with **Dr. Sarah Williams** in 2 weeks at the **Heart Health Clinic**. Additional tests such as an echocardiogram will be conducted at that time.
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Discharge Diagnosis:

1. **Acute Myocardial Infarction (STEMI)**
 2. **Hypertension (Uncontrolled)**
 3. **Hyperlipidemia**
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Patient Education:

- **Medications:** The patient was educated on the importance of adhering to the prescribed medication regimen, particularly blood thinners and beta-blockers, to prevent further cardiovascular events.
 - **Smoking Cessation:** The patient was encouraged to quit smoking and provided with resources to support smoking cessation.
 - **Physical Activity:** The patient was educated on the importance of regular physical activity and was advised to engage in light walking once cleared by the physician.
 - **Dietary Modifications:** The patient was provided with heart-healthy dietary guidelines to reduce cholesterol and blood pressure.
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Physician's Signature:

Dr. Sarah Williams, MD
Cardiologist