**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

**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.

**Discharge Diagnosis:**

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

**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.

**Physician's Signature:**

Dr. Sarah Williams, MD  
Cardiologist