|  |  |
| --- | --- |
| **Discharge Notification** | https://kssf.kingsch.nhs.uk/Areas/Forms/Content/Images/KCHLogo.jpg |

Princess Royal University Hospital,Farnborough Common, Orpington,Kent BR6 8ND

|  |  |  |  |
| --- | --- | --- | --- |
| Ward: | Medical Ward 1 | Hospital Number: |  |
| Consultant: | Jack Barker | NHS Number: | None |
| Specialty: | Medicine | Patient Name: | Mary Edn-Training |
| Discharged by: | Sarah Phillips | D.O.B: | 05/09/1956 ( 58 ) |
| Self Discharge: | No | Date of Admission: | 23/01/2014 13:28 |
|  |  | Method of admission: | Emergency - GP Referral |
|  |  | Source of admission: | Usual place of residence |
| GP: | Dr. A WARSOP  The Jenner Practice  Jenner Health Centre  201 Stanstead Road, Forest Hill  London  SE23 1HU | Date of Discharge: | : |
| Discharge Address: |  |
| Usual residence: | 36 Muirkirk Road, Catford LONDON, SE6 1BU |

|  |  |
| --- | --- |
| **Recommended further mgmt/action by GP:**  We have initiated Quetiapine low dose and stopped Risperidone due to increased confusion. Can you please review  her regarding the response and side effects to Quetiapine? Thank you..  **Pharmacy recommendations:**  **Reason For Admission:**  Confusion and reduced mobility  **History of presenting complaint:**  This is the 59 year old lady who has presented to us with confusion and reduced mobility. According to the carer,  she became more confused in the last one week. GP has treated her for urinary tract infection. She has improved  initially, then, she became more confused.  Examination showed low grade fever (37.7), clear chest and soft and non tender abdomen. Bloods showed high  WBC (24.5) and raised CRP with normal renal function.  Social: lives with family, 24 hour private carer  **Clinical Narative:**  We treated her as sepsis. CXR showed ? lesion in right upper lobe and also showed patchy shadows. We arranged  for CT CAP on view of loss of weight and lesions in right upper lobe. CT CAP showed achlasia hernia and no  evidence of malignancy. We treated her with antibiotics for urinary tract infection. She was stable during the ward  stay but she was not calm and screaming most of the time, but not aggressive and harmful to anyone on ward.  However, she became a lot calmer with Quetiapine. She was discharged with Quetiapine low dose.  **Main Diagnosis:**  Urinary Tract Infection  **Other Diagnosis:**  **Procedure(s)/Operation(s):**  **Past medical history:**  Alzheimer's disease, GORD and Total Hip replacement  **CoMorbidity:**  Alzheimers incl. Dementia in Alzheimers  **Laboratory:**  CT Chest/Abdo/Pelvis/ +C : Chest: The oesophagus is markedly dilated with evidence of food residue. There are bilateral multifocal airspace opacifications noted within the upper lobes, right middle lobe on a background of bilateral subpleural reticulation. Small right-sided pleural effusion. No evidence of mediastinal or hilar lymph node enlargement. Abdomen: Unremarkable appearances of the liver, biliary tree, pancreas, spleen and the kidneys. No focal abnormality is noted. No evidence of mesenteric or retroperitoneal lymph node enlargement. No evidence of free fluid. Normal appearances of the unprepared small and large bowel. Unremarkable appearances noted within the pelvis and the retroperitoneum. No focal skeletal abnormalities are noted. Conclusion: Abnormal enlargement of the oesophagus with delayed emptying/reflux. Although this may be due to achalasia distal gastro-oesophageal junction lesion cannot be completely excluded. OGD is recommended if this is clinically feasible. The lung parenchymal changes are most likely to be in keeping with recurrent aspiration. No radiological evidence to suggest intra-abdominal or pelvic malignancy. | |
| **Radiology:** | |
| **Other:** | |
| **Equipment provided on Discharge** | **IV Lines on discharge:** |
| **Discharge Status:** | **External Referral:** |
| **Next appointment:** | |
| **Future tests/procedure booked:** | |
| **Consultant follow up:** | |

|  |  |  |
| --- | --- | --- |
| **Allergen** | **Reaction** | **Comments** |

|  |  |  |
| --- | --- | --- |
| Peniciilin |  | Previously listed as an adverse reaction but co­amoxiclav given with no adverse reaction. |

**Discharge Medication**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Medication** | **Status** | **Supply** | **Pharmacy** |

|  |  |  |  |
| --- | --- | --- | --- |
| Quetiapine Tablet, 12.5mg, Oral, TWICE a day, . . New for agitation in dementia - GP to continue to monitor for risk/benefit. | New to continue, | DFD supply on ward, |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Risperidone Tablet, , , , . . Initiated in community but daughter reports increased confusion | Regular stopped on admission, Stopped | , |  |

**POD (Patient's Own Drugs) check with patient, bedside locker or fridge**

**DFD (Dispensed for Discharge) check with patient, bedside locker or fridge**

**POSH (Patient's Own Supply at Home) no supply needed**

**If 'Supply' column left blank, then Pharmacy has supplied these medicines**

|  |  |
| --- | --- |
| **Prescriber:**  Sarah Phillips | **Contact Details:**  5678 |
| **Screened by:**  John Adams on 2015-06-09 14:42:00.000. | **Contact Details:**  546 |
| **Pharmacy screening Comments::** | **Prescription required by:** |

|  |  |
| --- | --- |
| **Dispensed by.................................................. Date .../.../…....** | **Checked by.......................................... Date .../.../…....** |
| **Final TTA assembly (signature & date):** | **............................................... Date .../.../…....** |