Hospital Course Summary:  
  
Admission Date: [Date]  
Discharge Date: [Date]  
Length of Stay: 24 days  
  
Admitting Diagnosis: Severe malnutrition  
  
Hospital Course:  
The patient was admitted with bradycardia and hypoglycaemia with a capillary blood glucose level of 2.3 mmol/L. He had a history of eating and anxiety disorders and was severely malnourished. His blood pressure was initially un-recordable but subsequently was recorded to be 104/72 mmHg, and his capillary blood glucose level improved to 4.7 mmol/L. He was noted to be cachexic and had abnormal liver function tests. His condition improved over the course of his 24-day admission, but he had a number of hypoglycaemic events and difficulty complying with treatment. Due to problems keeping him compliant with medication and intravenous glucose, he was placed under Mental Health Act 5(2) and was started on nasogastric feeding. His liver synthetic function improved over the course of his stay, but there were some concerns about nasogastric feeding, which led to worsening LFTs. He was discharged to an Eating Disorders Unit.  
  
Discharge Diagnosis: Severe malnutrition, cachexia  
  
Disposition: Discharged to an Eating Disorders Unit  
  
Follow-up Plan: The patient was provided with a referral to the Eating Disorders Unit for continued care and management of his severe malnutrition and cachexia.  
  
Course of Treatment:  
- The patient was initially treated with intravenous glucose to address hypoglycaemia and rehydrate. He was subsequently started on nasogastric feeding to address his severe malnutrition and undernourishment.  
- His liver function tests worsened with the introduction of nasogastric feeding, but a non-invasive liver screen and ultrasound provided reassurance.  
- The patient's condition, LFTs, and liver synthetic function improved over the course of his admission.  
- The patient's compliance with treatment was challenging, and he required Mental Health Act 5(2) to ensure his continued care and management.  
- The patient was discharged to an Eating Disorders Unit for further care and management of his severe malnutrition and cachexia.  
  
Discharge Medications:  
None