MRN: 049-68-08
Patient Name: NEWLANDS, Patricia Beryl
Unit 22 14-20 Gerard St
CREMORNE, NSW 2090
Mobile - 0424 955 140
Ph: (02) 9908-1150 **Email:**
DOB: 08/11/1940 **Age:** 84 years **Sex:** Female
Attending Doctor: Nalliah,Chrishan (Senior MO)
GP: HOWELL,John (GP)

Health
Northern Sydney
Local Health District
Royal North Shore Hospital
1 Reserve Rd
St Leonards, NSW 2065 -
02 9926 7111

Visit Type: Inpatient **Admit Date:** 13/05/2025 **Dischg Date:** 20/05/2025
6B RNS ASB

Discharge Summary

DOCUMENT STATUS: Modified
SIGN INFORMATION: Li,Joshua (JMO) (20/05/2025 18:32); Li,Joshua (JMO) (20/05/2025 17:48); Li,Joshua (JMO) (20/05/2025 17:31)

Discharge Referral Baseline (eMeds)

Patient: **NEWLANDS, Mrs Patricia Beryl** **MRN: 049-68-08**
Age: **84 years** Sex: **Female** DOB: **08/11/1940**
Associated Diagnoses: **HFrEF - heart failure with reduced ejection fraction; Severe aortic valve stenosis; Acute pulmonary embolism**
Author: **Li, Joshua (JMO)**

Visit Information

Facility:	Royal North Shore Hospital	
Admission Date:	13/05/2025	To be discharged: 20/05/2025
Medical Service:	Cardiology	Consulting Clinician:
Attending Medical Officer:	Nalliah, Chrishan	
AMO Provider No.:	286548TY	Indigenous Status: Neither Aboriginal/Torres Strait Is
Local Medical Officer:	HOWELL, John	
LMO Provider No.:	0022162Y	
LMO Address:	The Doctors Surgery 65 Burns Bay Road, LANE COVE, 2066	
LMO Phone:	0294270799	LMO Fax: 0294282086
Interpreter Required:	NO	Language spoken at home: English

Dear Dr John HOWELL,

Thank you for reviewing Patricia NEWLANDS a 84 year old female to be discharged on 20/05/2025 from 6B RNS ASB at Royal North Shore Hospital. Patricia NEWLANDS presented to this facility with Respiratory - shortness of breath.

Summary of Care

Dear Doctor,

Thank you for your ongoing care of Mrs Patricia Newlands, an 84 year old lady, who was admitted to Royal North Shore Hospital on 13/05/2025 under the care of the Cardiology team. She had presented with dyspnoea and reduced exercise tolerance.

Discharge Summary

Clinically she was fluid overloaded with pitting oedema to her knees and bibasal crackles on auscultation of her chest. She was also found to be in Atrial fibrillation. BNP 19,000, Troponin 59--> 78--> 111. CTPA showed bilateral pleural effusions consistent with pulmonary oedema and TTE showed LVEF 30% and severe aortic stenosis (see full report below). Incidentally, the CTPA also showed a pulmonary embolism, for which she was commenced on therapeutic anticoagulation with Apixaban 10mg BD for 1 week then to step down to Apixaban 5mg BD thereafter. She is to follow up with Prof Bhindi on discharge for consideration of a TAVI - GP to refer. During admission, her urine MCS grew pure growth of Klebsiella Pneumoniae. She was managed for a UTI with Keflex 500mg BD for 5 days.

Her symptoms improved and she was discharged home on 20/5/25. Please see summary of admission and discharge plan below.

Admission Date: 13/05/2025
Discharge Date: 20/05/2025
Consultant Cardiologist: Dr Chrishan Nalliah
Presenting Complaint: Dyspnoea, Reduced exercise tolerance
Principal Diagnosis: Decompensated HFrEF

ADMISSION COURSE (Issues):

1. Decompensated HFrEF
- Presented with breathlessness, reduced exercise tolerance
- Clinically fluid overloaded
- BNP 19000, normal inflammatory markers
- Initial weight: 84.5 kg
- CTPA: Small bilateral pleural effusions with interlobular thickening and tiny scattered nodules favoured to be due to pulmonary oedema secondary to fluid overload. Infection is another consideration.
- TTE: Normal LV chamber size with mild concentric hypertrophy. Akinetic inferolateral wall. Inferior wall and septum severe hypokinetic. Rest of ventricule moderately hypokinetic. LVEF 30%. Mildly dilated RA/RV. Moderately dilated LA. Severe AS. Severe MR. Mild TR. PASP 61 mmHg. No pericardial effusion.
- Diuresed to good effect. Weight on discharge 80.5 kg.
- Commenced on bisoprolol, aim to increase failure therapy as an outpatient

2. Pulmonary embolism
- CTPA: Partially occlusive PE in the lateral subsegmental branch of the right middle lobe.
- Commenced on apixaban 10 mg BD for 7 days then 5 mg BD lifelong (also has AF)

3. New AF
- Likely in the context of decompensated heart failure
- HR 90-120, borderline BP
- Commenced on digoxin, HR improving
- For lifelong anticoagulation

4. Troponin leak
- Troponin 59 - 78 - 111 - 78
- Denies chest pain
- ECG: no ischaemic changes

5. Severe aortic stenosis
- Follow up with Prof Bhindi as outpatient to consider TAVI

6. Klebsiella Pneumoniae grown on Urine MCS
- Largely asymptomatic, afebrile
- However rising WCC up to 11.7, CRP 13
- Commenced on 5 day course of Keflex

Discharge Summary

TREATMENT AND FOLLOW UP PLAN:

1. Discharge from Royal North Shore Hospital to Home
- Continue 1L/day fluid restriction
- Daily weights. Aim ~80 kg
- If your weight falls by more than 1-2 kg from baseline or you begin to feel dizzy, lightheaded, especially upon standing up, please reduce your Frusemide (Lasix) and see your GP.
- If your weight increases by more than 1-2 kg or you become more breathless, please see your GP

2. Please see full list of medications below. Notable medications:

NEW
- Keflex 500 mg TWICE daily until end of 25/5/25
- Bisoprolol 1.25 mg (1/2 tablet) ONCE daily
- Apixaban 10 mg (2 tablets) TWICE daily until end of 22/5/25 THEN 5 mg (1 tablet) TWICE daily indefinitely
- Digoxin 125 mcg (2 tablets) daily
- Furosemide 40 mg (1 tablet) TWICE daily

CHANGED
- Pantoprazole INCREASED to 40 mg daily (previously 20 mg daily)
- Irbesartan-hydrochlorothiazide CEASED
- Lercanidipine CEASED
- Methyldopa CEASED
- Oxybutynin CEASED

CONTINUE other regular medications

3. Follow up with your GP within the next 5 days. GP to kindly:
- Review medications and progress following admission
- Repeat Digoxin level in 1 week time and monitor EUC/CMP
- Monitor fluid status and titrate diuresis
- Consider additional heart failure therapy including Entresto and Dapagliflozin
- Refer patient to Prof Ravinay Bhindi (Cardiologist) for consideration of TAVI and ongoing follow up

4. Please arrange follow up with Prof Ravinay Bhindi (Cardiologist) for follow up and consideration of TAVI. Please obtain a GP referral beforehand.

Prof Ravinay Bhindi
North Shore Cardiac Centre
Level 3, Suite 11
North Shore Private Hospital
Westbourne Street, St Leonards NSW 2065
Ph: (02) 9439 5290
Fax: (02) 9460 7222

Thank you for the continuing care of this patient.

Kind regards,

Dr Ryan Quek
Relief RMO
Royal North Shore Hospital
On Behalf of Dr Chrishan Nalliah (Cardiologist)