

ED Discharge Summary

ED Disposal

Discharged:Outpatient Clinic Follow Up

Patient Demographics

Address	Phone	E-mail Address
17 ROSEFORD ROAD CAMBRIDGE CB4 2HA	01223 528326 (Home) 07474 675066 (Mobile)	moray.grieve@me.com

GP Practice

BRIDGE STREET MEDICAL CENTRE
2 ALL SAINTS PASSAGE
OFF BRIDGE ST
CAMBRIDGE
CAMBRIDGESHIRE
CB2 3LS
01223 652671

Discharge Summary Note

Serena TAN, Specialty Registrar 3/12/2023 13:05

Disposition:

Diagnosis

1. TIA (transient ischaemic attack)

Clinical details

Reason for admission:

Left hemispheric TIA - symptoms resolved.

Clinical summary

Addenbrooke's Stroke Unit - Discharge Summary

Moray Bruce GRIEVE (DoB: 27/8/1968) was admitted to Addenbrooke's Hospital on 3/12/2023 05:01 for:

Patient presents with:

Speech disturbance: 0400 - woke up with right sided weakness and slurring of speech

Main diagnosis:

Left hemispheric TIA - symptoms resolved on arrival to ED.

Patient Active Problem List:

Carpal tunnel syndrome of right wrist

Skin lesion

No past medical history on file.

Bamford classification:

N/A

GRIEVE, Moray Bruce (MR # 1688242) Printed at 3/12/2023 17:40

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Discharge Summary Note (continued)

Stroke mechanism - TOAST classification:
Stroke of undetermined aetiology

Clinical narrative (including treatments given, progress and complications):

Went to bed normal

Went to bed well, woke up at 4am with right sided weakness/numbness. Felt like his right arm was 'dead', as well his right arm

Rolled on the floor, unable to get himself up.

Was feeling disorientated.

Wife woke up and noticed that he could not speak properly (making incomprehensible sounds).

He was aware of all these, trying to communicate but was unable to communicate.

Wife not noticed any limb jerking.

Wife noticed some facial droop - unsure which side.

Symptoms lasted for approximately 20 minutes but by the time ambulance came his symptoms have improved.

Currently feels like his speech is a bit slow.

Had heart palpitation once - about 10 years ago.

No history of AF

No recent flu or cold.

Admission examination findings:

NIHSS 0

Symptoms resolved on arrival to ED.

Vascular risk factors:

Hypertension: No

Hypercholesterolaemia: No

Diabetes: No

Previous stroke/TIA: No

IHD: No

Family history: No

Atrial fibrillation: No

Smoking: Never smoked

Thrombolysis:

Thrombolysis not indicated/contraindicated

NIHSS:

Baseline: 0

24 hours: 0

Neuroimaging:

CT head: Nil acute

CTA: No LVO

Vascular imaging:

CT angiogram

Other key investigations:

ECG - sinus rhythm

AF screening:

No AF noted on clinical examination or ECG

Anticoagulation and CHA2DS2-Vasc score (if indicated):

Not indicated

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Discharge Summary Note (continued)

Cholesterol/lipid profile:

Lab Test Results

Component	Value	Date/Time
CHOLESTEROL	4.6	03/12/2023 05:19
TRIGLYCERIDE	0.72	03/12/2023 05:19
HDL	1.23	03/12/2023 05:19
LDLCHOL	3.04	03/12/2023 05:19

Diabetes screening:

Previously diagnosed with diabetes: No

Random blood glucose unless otherwise stated:

Glucose (mmol/L)

Date	Value
03/12/2023	5.4 (H)

No results found for: A1C

Blood pressure control:

Systolic (72hrs), Avg:118 , Min:110 , Max:124

Diastolic (72hrs), Avg:64, Min:56, Max:74

Depression screening:

Not depressed/no concerns

Cognitive screening:

Not done - no concerns

Patient state on discharge:

Speech and symptoms all resolved.

Modified Rankin score:

0 - No symptoms at all

Discharge information:

Discharged to usual place of residence

Follow-up investigations and appointments scheduled:

Follow-up: Stroke follow-up clinic (12 weeks telephone clinic) - Dr Agarwal (ADD SMAG) - Secretary contact details:

Heather Galliford - Email: kate.rose4@nhs.net Tel: 01223 586661

Follow-up investigations: 24 hour ECG, MRI head and Echocardiogram

Community follow-up:

Information given to patient/carer:

Advised to purchase Kardia device for heart rhythm monitoring. If notified of abnormal rhythm, to take results to GP immediately.

Advised to return to hospital immediately in the event of new stroke symptoms.

To continue aspirin + clopidogrel for 3 weeks, after that aspirin can be stopped and clopidogrel can be carried on lifelong.

Driving advice given to patient: not to drive for 1 month.

As part of the stroke service we work closely with the Stroke Association, who help patients and family with advice and support after discharge, many patients have found this extremely helpful. If you do not wish your details to be referred please call: 01223 256451 within 7 days of discharge.

Patient's concerns, expectations and wishes:

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Discharge Summary Note (continued)

nil

Recommendations to GP:

Targets for secondary prevention where appropriate:

Blood pressure: <130/80

Total cholesterol: <4.0 mmol/L or LDL cholesterol <2.0 mmol/L

Discharge summary completed by: Serena Tan, Specialty Registrar, 13:00

Discharging Consultant: AGARWAL, SMRITI

Discharging Specialty: Stroke Medicine [220]

Team contact number: 348944

Investigation results:

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Treatments given:

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Patient and carer concerns

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Information given

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Follow up to be arranged by CUHFT:**Follow up requested of GP:**

Discharge summary completed by: Serena Tan, 3/12/2023 13:00

Allergies

Date Reviewed: 8/5/2022

No active allergies

Intolerances

Date Reviewed: 8/5/2022

No active intolerances/contraindications

Medication list**Medications Started**

	Instructions	End Date*	Changes
aspirin 75mg dispersible tablet Start taking on: 4 December 2023	Take ONE tablet ONCE daily for 21 days. For 21 days only- last dose to be taken on 24/12/2023		
atorvastatin 40 mg tablet	Take ONE tablet ONCE daily.		
clopidogrel 75mg tablet Start taking on: 4 December 2023	Take ONE tablet ONCE daily. Continue indefinitely.		

Medication list (continued)

Medications Started (continued)

	Instructions	End Date*	Changes
lansoprazole 15 mg capsule Start taking on: 4 December 2023	Take ONE capsule ONCE daily in the MORNING before breakfast for 21 days. During the period on both Aspirin and Clopidogrel. Last dose to be taken on 24/12/2023.		

The patient may have additional home medications, which were not reviewed or changed on this admission.

Pharmacy Discharge Note

Please note that drug history has not been done by pharmacist during this short admission.

***Continue unless end date specified**

Medicine queries.

For any queries regarding medicines during this admission or on discharge, please email cuh.dischargemedicinesqueries@nhs.net (To ensure confidentiality it is essential you use an nhs.net email account)

Follow-up After Discharge - to be arranged by CUHFT

MRI Head

Have you reviewed the IMPLANTS section and can confirm that it is accurate and up to date? Please see the Process Inst. field below for additional information: I have reviewed the IMPLANTS section and it is accurate

Mobility: Walking

Select appointment type: Next available appointment

Priority stratification (Clinician use only): P2 - High

Adult TTE echo

Further Clinical Information (Required): young TIA to assess cardiac structures

Select appointment type: Next available appointment

Priority stratification (Clinician use only): P2 - High