**Current Admission**  
Rehabilitation post-right MCA infarct with left-sided weakness and right-sided gaze deviation.  
Also noted to have ischemic cardiomyopathy with reduced LVEF (28%) and multiple cardiovascular risk factors.

**Overnight/Subjective**

* Vitals stable, afebrile
* No overnight events
* Reports being able to mobilize around the ward but requires support when walking longer distances due to limb weakness.
* Able to feed independently but needs some assistance with dressing and personal grooming.
* Expresses concerns about being unable to resume all usual activities yet but is motivated to improve with rehabilitation.
* Continues to experience some discomfort in the left limbs, particularly during movement, but denies significant pain at rest.
* Appears slightly anxious about discharge planning but reassured regarding ongoing outpatient rehabilitation and caregiver arrangements.

**Objective**

**Vital Signs:**

* BP: 119/81 mmHg
* HR: 77 bpm
* RR: 20
* Temp: 36.3°C
* SpO2: 95% on RA

**General:** Alert, comfortable, using phone in bed, not in respiratory distress.

**CVS:** S1S2, no murmurs, JVP not elevated.

**Lungs:** Clear to bases.

**Abdomen:** Soft, non-tender.

**Extremities:**

* No pedal edema, calves supple.
* Power remains 4/5 over the left upper and lower limbs, with mild residual weakness but no worsening deficits.

**Comprehensive Geriatric Assessment**

* Requires assistance with dressing, grooming, and ambulation but able to feed independently.
* Continues to require caregiver support for ADLs and IADLs.
* Fall risk assessment completed, appropriate precautions in place.

**Issues and Progress**

1. **Rehabilitation post-right MCA infarct**
   * Continued improvement with physiotherapy and occupational therapy.
   * Mobility improved but still requires support for longer distances.
   * Cognitively intact, motivated for recovery.
2. **Ischemic Cardiomyopathy (LVEF 28%)**
   * Stable on GDMT, no new symptoms of decompensation.
   * Optimized medications including aspirin, bisoprolol, entresto, empagliflozin, spironolactone.
   * Outpatient coronary angiogram planned in 6 weeks.
3. **Cardiovascular Risk Factors**
   * HbA1c 8.8%, LDL 2.4 – advised on lifestyle modifications and medication adherence.
   * BP well controlled, maintaining SBP < 160 mmHg.
4. **Discharge Planning**
   * Fit for discharge today.
   * Will be returning home with caregiver support from family and helper.
   * Outpatient rehab arranged to continue mobility and ADL improvement.
   * Advised to monitor for any new neurological deficits, worsening dyspnea, or chest pain and to seek medical attention if needed.
   * Influenza vaccine offered prior to discharge.

**Plan:**

* Continue home medications as charted.
* Fluid restriction 1L/day.
* Continue outpatient PT/OT, allied health support.
* Follow-up with neurology and cardiology as scheduled.

Patient understands and is agreeable to the discharge plan.