Widowed w/ 1 son (stays apart, travels for work frequently)

Lives alone

Retired, ex-receiptionist

ADLi, commA nil aids

|  |  |  |
| --- | --- | --- |
|  |  |  |

**PAST MEDICAL HISTORY**

1. **HTN (Hypertension)** - Controlled with medication.
2. **Dyslipidemia** - On statin therapy.
3. **Type 2 Diabetes Mellitus (DM)** - Managed through diet, exercise, and oral hypoglycemics; follow-up with GP is scheduled regularly.
4. **Peripheral Artery Disease (PAD)** - Mild claudication noted during walking; angiography shows mild stenosis in the left femoral artery.
5. **Coronary Artery Disease (CAD)** - Stable angina controlled with medication; previous cardiac workup:
   * 2DE: EF 55%. Moderate tricuspid valve regurgitation noted.
   * CTCA: Shows minor calcification, Ca score 10.
   * Holter monitor: Occasional PVCs but no significant arrhythmia.
6. **Chronic Kidney Disease (CKD)** - Stage II; managed with diet and blood pressure control.
7. **Sleep Apnea (OSA)** - Identified during pre-op evaluation, currently on CPAP therapy.
8. **Asthma** - Controlled with Symbicort as needed.
9. **Generalized Anxiety Disorder (GAD)** - Managed with counseling and selective serotonin reuptake inhibitors (SSRIs).
10. **Recent TIA** - Resolved without residual effects; antiplatelet therapy initiated.

**RECENT HOSPITALISATION(S)**

**Recently admitted to XXX hospital for TKR**

Medication changes prior to transfer to XXX HOSPITAL

**New:**

- Arcoxia 90mg OM x 10 days

- Aspirin 100mg OM x 13 days to complete 2 weeks

- Eperisone 50mg TDS

- Pregabalin 75mg ON

- PO maxolon 10mg TDS PRN x 3 days

- 1 tube of DERMATIX ointment to patient to start applying after wound heals from POD14 onwards

Continue: colecalciferol 2000 unit OM, omega-3 fish oil 1000mg OM, hydrochlorothiazide 12.5mg OM, metformin 250mg OM, betaserc 6mg TDS PRN, esomeprazole 20mg OM, ketoprofen gel, ketoprofen plaster, MMT Mixt 10ml TDS PRN, refresh plus BE QDS PRN, riboflavin 200mg BD, Daneuron 1 tab OM

**Changes:**

- Atorvastatin 20mg ON (pt taking this way, unable to tolerate 30mg ON)

- Symbicort rapihaler 80/2.5 2 puff PRN (using this way, not on regular maintenance at home)

**Stop/Withhold:**

-  Anarex 2 tab TDS PRN ivo pt on paracet 1g QDS

**CURRENT ADMISSION**

**Transferred to XXX HOSPITAL for rehab post R TKR**

**Subjective**

Patient was symptomatic during hypotensive episode ytd

Currently feels better, just lethargic

No chest pain/SOB/giddiness

Pain so far well controlled

Premorbidly patient used to walk 15km a day

Needs to be independent before home

Explained re: duration of stay is typically 2-3 weeks, pending medical issues and rehab. An update will be given after MDM to finalise EDD.

Medical rounds - x3/7 a week; x2/7 for short weeks.

Rehab is typically daily or as tolerated.

Explored on code status - full code ivo good premorbids

All questions answered, conversation ended amicably

**Objective**

|  |
| --- |
| Vital Signs |
| |  |  | | --- | --- | |  |  | | **Vital signs:** | | |  | 07/02/25 13:45 | | BP: | 146/68 | | Pulse: | 73 | | Resp: | 18 | | Temp: | 36.4 °C | | TempSrc: | Frontal | | SpO2: | 98% | |

O/E

Alert comfortable

H S1S2

L clear

A soft non tender

C supple

R knee dressing clean and dry

AROM 0 to 45 deg limited by pain

On tubigrip, joint swollen, warm, tender

**COMPREHENSIVE GERIATRIC ASSESSMENT**

|  |  |  |
| --- | --- | --- |
|  | **Pre-morbid** | **Current** |
| **Ambulation &  bADL** | Mobility Status: Community ambulant  Mobility Aids: None  Feeding : Independent  Dressing / Grooming: Independent  Toileting / Bathing: Independent  Ambulation: Independent | Mobility Status: Chairbound  Mobility Aids: None  Feeding : Needs assistance  Dressing / Grooming: Needs assistance  Toileting / Bathing: Needs assistance  Ambulation: Needs assistance |

|  |  |
| --- | --- |
| **iADL** | Instrumental ADL (Pre-morbid)  Shopping: Self-care  Housework: Self-care  Accounting: Self-care  Food and Drink: Self-care  Transport: Self-care  Telephone: Self-care  Take Medication: Self-care |

|  |  |
| --- | --- |
| **Fall Assessment** | History of Falls in the Last One Year: No  Osteoporosis Worked-up : No  Vit D Level Optimal (>30 Micrograms/Liter) : Yes  Drug History Reviewed: Yes  Gait / Balance Impaired: Yes  Vision Impaired: Yes  Hearing Impaired: No |

|  |  |
| --- | --- |
| **Abbreviated Mental Test (AMT)** | Is patient able to do AMT?: Yes    Abbreviated Mental Score (AMT)  What is the year?: Yes  What is the time? (within 1 hour): Yes  What is your age?: Yes  What is your date of birth?: Yes  What is your home address?: Yes  Where are we now?: Yes  Who is our country's Prime Minister?: Yes  What is his/her job? (show picture): Yes  Count backwards from 20 to 1: Yes  Recall memory phrase: Yes  AMT Total score: 10 |

|  |  |
| --- | --- |
| **Neurocognitive Assessment** | Any memory problem?: No  Any sleep problem?: Yes  Any mood issue?: Yes  Any behavioral issue?: No |

|  |  |
| --- | --- |
| **Continence** | Any urinary incontinence?: No  Any bowel incontinence?: No |

|  |  |
| --- | --- |
| **Vaccination** | There is no immunisation history on file for this patient. |

**ISSUES IN XXX HOSPITAL**

1. Inpatient rehab s/p R TKR

- post op XR R knee: satisfactory alignment

Function on admission to XXX HOSPITAL

PT 6/2/25:STS with WF x2 // x1 c/g (A)

OT 6/2/25: ADLs contact guard assist with walking frame due to reduced functional standing balance

MBI *pending*

CVRF screen

HbA1c 1/11/24: 6.2%

LDL 1/11/24: 1.8

uACR *pending*

Bone health

cCa 11/10/2022: 2.35

Vit D 21/3/24: 40

BMD *not done*

Visual acuity screen

*Pending*

**PROVISIONAL TREATMENT PLAN**

Nursing

VS TDS x 3/7 then protocol if stable

BSL TDS + 10pm then protocol if BSL between 6-12

Postural BP OM x 3/7

IO charting

PVRU x 1

SOOB for all meals

Ice pack 1 hr on 2 hr off strictly

No need STO unless if there are robotic surgery pin sites at shin - STO POD10 onwards

Allied health

PTOT

Ix

Nil

Med

Atorvastatin 20mg ON, LDL target < 1.8

**Discharge planning**

Primary Caregiver: Self

Living Arrangements: Alone

Lift Landing: Yes

Patient is expected to be discharged to: Home

Estimated LOS Communicated to Family: No

Estimated LOS Duration: 2 Weeks  
> aim mod independent before home