**Current Admission**  
Inpatient rehabilitation post-right total knee replacement (R TKR).  
Premorbidly independent, community ambulant without aids.  
Lives alone, son stays apart and travels frequently.

**Overnight/Subjective**

* Vitals stable, afebrile
* No overnight events
* Reports feeling well, no dizziness or shortness of breath
* Pain is well controlled, knee swelling improving
* Able to walk independently within the ward without assistance
* Has resumed dressing, grooming, and toileting independently
* Feels ready for discharge and eager to return home

**Objective**

**Vital Signs:**

* BP: 146/68 mmHg
* HR: 73 bpm
* RR: 18
* Temp: 36.4°C
* SpO2: 98% on RA

**General:** Alert, comfortable, no distress

**CVS:** S1S2, no murmurs

**Lungs:** Clear to bases

**Abdomen:** Soft, non-tender

**Extremities:**

* Right knee dressing clean and dry
* AROM full, no significant limitations
* No tenderness, mild residual swelling improving

**Comprehensive Geriatric Assessment**

* Fully independent in all ADLs and IADLs
* No cognitive or behavioral concerns (AMT 10/10)

**Issues and Progress**

1. **Rehabilitation post-right TKR**
   * Knee swelling improving; pain well controlled
   * Fully independent in ambulation and ADLs
   * Cleared for discharge with outpatient physiotherapy follow-up
2. **Cardiovascular risk factors**
   * HbA1c 6.2%, LDL 1.8 – remains well-controlled
   * BP stable, no postural hypotension
3. **Bone health**
   * No prior BMD done; vitamin D level adequate (40)
4. **Discharge planning**
   * Fit for discharge today
   * Returning home independently
   * Advised to monitor for knee swelling, increased pain, or signs of infection
   * Expected to continue physiotherapy post-discharge for functional improvement

**Plan:**

* Continue home medications as charted
* Outpatient PT follow-up
* Follow-up with primary care for cardiovascular risk monitoring

Patient understands and is agreeable to the discharge plan.