eDischarge Summary Standard: Example

Overview

Robert Smith is a 66-year-old man who lives with his wife in a three bedroomed mid-terraced house. He is a retired electrician. He has a past medical history of COPD and hypertension.

He was referred to Hospital X MAU by his GP and was subsequently admitted on the 15th of April 2016. He had a 3-day history of increasing breathlessness, wheeze, and a cough productive of yellow sputum. He had a low-grade temperature of 37.7 degrees Celsius on admission.

His CXR showed hyperinflated lungs consistent with COPD but no consolidation. His CRP was raised at 57 but his WBC was normal. His SpO2 was 96% on room air.

He was treated for an infective exacerbation of COPD and received nebulised salbutamol and ipratropium bromide for 24 hours, oral prednisolone and began a course of doxycycline.

Following initial assessment on the MAU he was transferred to Ward Z at Hospital X under the care of Dr Brown, Consultant in Acute Medicine. His medications on admission were:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Beclomethasone 100 micrograms 2 puffs BD
- Amlodipine 5mg OD

He reported a previous allergy to Penicillin, experienced more than 20 years ago, causing a widespread rash. During his admission, the Beclomethasone was stopped and replaced by Symbicort. His amlodipine was increased to 10mg OD as his BP was persistently elevated.

He made a rapid improvement, did not require any nebulised treatment on day 2 of his admission and was therefore discharged home on the evening of 16th April 2016.

His medication on discharge was:

- Salbutamol 100 micrograms 2 puffs, inhaled PRN
- Symbicort 200/6 dry powder inhaler T BD
- Prednisolone 30mg OD for 3 days
- Doxycycline 100mg OD for 5 days
- Amlodipine 10mg OD

No hospital follow up has been arranged but a referral was sent to the community COPD Specialist Nurse who will arrange to visit him in the next week. His GP was asked to review his BP a week after discharge.

Patient demographics

Patient name	SMITH, Robert (Mr)
Date of birth	01-Feb-1950
Gender	Male
NHS number	Verified - 123 456 7890
Home Address	10 The Lane, The Village The County, BB22 2CC
Phone	01678456789
Document Created	16-Apr-2024
Document Owner	ANYTOWN NHS TRUST
Authored by	Dr A JUNIOR - Consultant, ANYTOWN NHS TRUST

eDischarge Summary

Other participant(s) in this document:	
Name	Dr A Brown
Organisation	The Surgery
Address	The High Street, The Town The City, AA1 1BB
Referred by:	
Referrer name	**Dr A BROWN**
Job title	**General Medical Practitioner**
Referrer organisation	The Surgery
Urgent notification	
Name	Julia Smith
Relationship	Spouse

Social context

Household composition	Lives with wife.
Occupational history	Retired electrician

Admission details

Reason for admission	Breathless, wheeze and productive cough
Admission method	GP after a request for immediate admission has been made direct to a Hospital Provider
Source of admission	Usual place of residence
Date/time of admission	15-Apr-2016, 1535hrs

Discharge details

Discharging consultant	Dr D BROWN
Discharging specialty / department	Acute Medicine
Discharge location	Ward Z
Date/time of discharge	16-Apr-2016, 1900hrs
Discharge method	PATIENT discharged on clinical advice or with clinical consent
Discharge destination	Usual place of residence

Diagnoses

Diagnosis	Infective exacerbation of COPD
Comment	Primary reason for admission

Diagnosis	Hypertension
Comment	Secondary diagnosis and treated on this admission

Clinical summary

Mr Smith presented with a 3-day history of increasing breathlessness, wheeze, productive cough (yellow sputum) and low-grade pyrexia (37.7 degrees Celsius). His CXR showed no focal consolidation, his CRP was 57 and his WBC was normal. He was treated for an infective exacerbation of his COPD with 24 hours of nebulised salbutamol and ipratropium and started on steroids and antibiotics. He quickly improved and was well enough for discharge on day 2.

Investigation results

Investigation result	Chest X-ray (15th April 2016) - hyperinflated lungs consistent with the clinical story of COPD. No focal consolidation or pneumothorax seen. No focal mass seen. Appearances are unchanged compared to previous CXR 3rd November 2015

Medications and medical devices

Medication item

Medication name	Salbutamol
Route	Inhaled
Dose amount	100 micrograms per puff X 2
Dose timing	PRN

Medication change summary

Medication name	Budesonide + formoterol
Route	Inhaled
Dose amount	200micrograms/6micrograms per inhalation X 2
Dose timing	Twice daily
Medication change summary	
Description of amendment	Added
Indication (for medication change)	Increased treatment for COPD

Medication name	Prednisolone
Route	Oral
Dose amount	30mg
Dose timing	Once daily for 3 days only
Medication change summary	
Description of amendment	Added
Indication (for medication change)	Acute treatment for COPD

Medication name	Doxycycline
Route	Oral
Dose amount	100mg
Dose timing	Once daily for 5 days only
Medication change summary	
Description of amendment	Added
Indication (for medication change)	Acute treatment for COPD exacerbation

Medication name	Amlodipine
Route	Oral
Dose amount	10mg
Dose timing	Once daily
Medication change summary	
Indication (for medication change)	Increased treatment for hypertension
Date of latest change	16-Apr-2016
Description of amendment	Dose increased from 5mg to 10mg

Name of discontinued medication	Beclomethasone
Description of amendment	Stopped
Comment	Replaced with Symbicort

Allergies and adverse reactions

Causative Agent	Penicillin
Reaction details	
Reaction	History of widespread rash
Type of reaction	Allergic
Date first experienced	>20 years ago

Investigations and procedures requested

Investigations requested	No Investigations requested
Procedures requested	No procedures requested

Plan and requested actions

Actions for healthcare professionals	• Referral made to Community COPD Specialist Nurse for follow up in 1 week • Message to GP - please could you monitor patients BP. Patient asked to make an appointment in 1 week.

Person completing record

Name	Dr A JUNIOR
Grade	FY1
Date completed	16-Apr-2016
Contact details	Bleep 12345

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Primary recipients	**Dr A Brown, General Medical Practitioner, The Surgery**
	Sister A JONES - Specialist Nurse Practitioner, Community COPD Team
Copy recipients	Robert Smith, Patient