

See above re. ECG and angio investigations

AKI 1 during admission - appropriately managed, U&Es normalised therefore ACE-i continued as per protocol



FOLLOW UP ARRANGEMENTS

For Cardiology outpatient follow-up 3/12

For outpatient exercise tolerance test - date to be confirmed

PROPOSED DISCHARGE DATE AND TIME - 11/9/15 14:00hrs

MEDICATION CHANGED DURING ADMISSION/REASON FOR CHANGE/DATE? STARTED: Aspirin - NSTEMI STARTED: Clopidogrel - NSTEMI (for 12 months post angio) STARTED: Bisoprolol - NSTEMI STARTED: Atorvastatin - NSTEMI STARTED: GTN spray - relief of anginal chest pain

STOPPED: Pravastatin - switched to atorvastatin as per NSTEMI protocol

CHANGED: Ramipril - Dose increased as per titration (GP to follow up and increase dose to 10mg daily as tolerated

PATIENT HAS A DRUG INTOLERANCE? - NKDA

ADVANCING QUALITY - HEART FAILURE/ACUTE MYOCARDIAL INFARCTION To be followed up via Cardiology

COMPLETED BY: - Dr J Wallett, FY2 Cardiology

DISTRICT NURSE REFERRAL ON DISCHARGE? - NO

Follow up arrangements needed

Patient to attend out-patient follow up appointment in 3 months. Chase up if appointment is not received.

Changes to medication

Update the care plan and MAR immediately. Check with GP if unsure.

Allergies.

Compare & update the care plan and MAR immediately. (NKDA = no known drug allergy)

DISCHARGE NURSE ONLY

If you have any problems contact (Name of Discharge Nurse): Susan Cooke - telephone 01254 735300 or 01254 733689. The Discharge arrangements have been explained to me (Patient/Carer's Signature):

MEDICATION SUPPLIED FROM OUT OF HOURS CUPBOARD - N/A



If "NOT CHECKED" there may be a risk that the discharge medication list is not complete!

See "Top Tips" document for further information.

ADVANCING QUALITY - HEART FAILURE - N/A

ONWARD REFERRAL - N/A

INFORMATION CONCERNING THE MEDICATION LIST – for Pharmacy use only (optional, leave blank to hide on letter) CHECKED: The list of medication below has been formally checked and should be an accurate list of this patient's current medication.

DISCHARGE MEDICATION

Duration

- Unclear? Check with GP straight away!
- If medication is to continue order more supplies before hospital supply runs out!

Supply status of medication

- Dispense = dispensed by pharmacy on day of discharge.
- Supplied to ward = previously dispensed and sent to the ward earlier during patient's admission.
- **Patient's own drug** = patient has brought own drugs into hospital, and this is returned to them.
- Patient's own drug at home = Carers have been contacted during patient's admission and they have confirmed that patient has this drug at home.

Drug	Dose	Frequency	Route	DURATION	GP Action	Source	Signatory	Amended
ASPIRIN DISPERSIBLE	75mg	Morning	Oral	Lifelong	New: GP to continue	Dispense	graya1	
CLOPIDOGREL	75mg	Morning	Oral	12 months	New: GP to review	Dispense	graya1	
BISOPROLOL	2.5mg	Morning	Oral	GP to titrate	New: GP to review	Dispense	graya1	
RAMIPRIL	5mg	Night	Oral	GP to titrate	Dose changed	Dispense	graya1	
ATORVASTATIN	80mg	Night	Oral	6 months then review	New: GP to review	Dispense	graya1	
LANSOPRAZOLE	30mg	Morning	Oral	Lifelong	Came in on drug	Patient's own drug	graya1	
GLYCERYL TRINITRATE 400microgram S/L SPRAY	1-2 sprays	When required	Buccal	Lifelong	New: GP to continue	Dispense	graya1	

Checked By: Alistair Howard Gray, 11/09/2015 09:15

ST.GEORGES SURGERY ST.GEORGES SURGERY 62 HASLINGDEN ROAD BLACKBURN LANCASHIRE BB2 3HS PLEASE NOTE: <u>This may not</u> be a list of all of the patient's current medication. Liaise with GP to confirm

Consultant Ward Specialty Letter Ref Date Printed Signed

Mr D A Evans C22 Not Specified 585/1 11/09/2015 09:16 Alistair Gray [NURSE] Alistair Howard Gray [PHARMACIST]

PLEASE NOTE: THE ADMITTING CONSULTANT MAY DIFFER FROM THE DISCHARGING CONSULTANT

Patient's registered GP . Liaise with current GP immediately if different.

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