



Canberra Hospital and Health Services
Medical - in - Confidence
Geriatric Medicine
 (Discharge Summary)

To:

Discharged To: Trans to Acute Hospital

First Admitted: 20/05/2018 03:42

Discharge Date: 23/05/2018 13:00

Ward/Location: 11B

Discharge Method: National Capital Private Hospital

Encounter History

| Episode | Admission Date | Discharge Date | Episode Type | Discharge Unit | Discharge Doctor | Discharge Destination |
|----------|------------------|------------------|-------------------|--------------------|------------------|-------------------------|
| 51647006 | 20/05/2018 03:42 | 23/05/2018 13:00 | Inpatient Service | Geriatric Medicine | | Trans to Acute Hospital |

Primary Discharge Diagnosis

Aspiration pneumonia

Additional Diagnosis

Hyper/hypoglycaemia
 Hypophosphataemia
 Hypomagnesaemia
 Hypokalaemia
 Reduced mobility

Complications Treated during this Admission

Hyper/hypoglycaemia
 Hypophosphataemia
 Hypomagnesaemia
 Hypokalaemia
 Reduced mobility

Presenting History & Symptoms (including reason for encounter)

83M from HLCNH presented with N/V/D and hypoglycaemia (1.3)
 - 1/7 of 4x vomits + 4x diarrhoea and reduced oral intake
 - Hx IDDM --> given normal insulin --> BGL 1.3, responsive but drowsy
 - NO chest pain, some cough and SOB, fever to >38

OE

- GCS 14
 - HSD, soft systolic murmur
 - anteriorly bibasal mid/lower creps, nil wheeze
 - Abdo SNT, nil organomegally
 - CN: PEARL, no facial droop
 - UL: power 4/5 b/l
 - LL: 4/5 power both limbs

 CUMULATIVE REPORT

| | | | | | | | |
|---------|----------|----------|----------|----------|----------|-------|-----------|
| Req No: | P384263 | P174408 | P174498 | P173994 | P175842 | | |
| Date: | 31/10/17 | 20/05/18 | 20/05/18 | 21/05/18 | 22/05/18 | | |
| Time: | 16:50 | 01:50 | 06:00 | 08:47 | 11:21 | | |
| Hosp.: | TCH | TCH | TCH | TCH | TCH | Units | Ref Range |

BLOOD COUNT

| | | | | | | | |
|------|-------|-------|-------|-------|-------|----------------------|-----------|
| Hb | 131L | 124L | 134L | 126L | 121L | g/L | 135-180 |
| WCC | 9.5 | 13.7H | 13.0H | 16.0H | 12.3H | x10 ⁹ /L | 4.0-11.0 |
| Plat | 267 | 224 | 217 | 186 | 189 | x10 ⁹ /L | 150-400 |
| RCC | 5.17 | 4.87 | 5.08 | 4.88 | 4.67 | x10 ¹² /L | 4.30-6.50 |
| HCT | 0.41 | 0.39L | 0.41 | 0.39L | 0.37L | L/L | 0.40-0.53 |
| MCV | 79L | 80 | 80 | 80 | 80 | fL | 80-96 |
| MCH | 25.3L | 25.6L | 26.3L | 25.8L | 25.9L | pg | 27.0-33.0 |
| MCHC | 320 | 321 | 328 | 323 | 326 | g/L | 320-360 |
| RDW | 15.7H | 15.0H | 15.0H | 15.2H | 15.2H | % | 11.0-14.5 |

White Cell Differential

| | | | | | | | |
|----------|------|--------|--------|--------|--------|---------------------|----------|
| Tot Neut | 6.93 | 12.23H | 11.48H | 13.89H | 10.15H | x10 ⁹ /L | 1.8-7.5 |
| Neut | 6.93 | 12.23H | 11.48H | 13.89H | 10.15H | x10 ⁹ /L | 1.8-7.5 |
| Lymph | 1.30 | 0.74L | 0.70L | 0.99L | 1.01L | x10 ⁹ /L | 1.2-4.0 |
| Mono | 0.90 | 0.63 | 0.74 | 0.82 | 0.76 | x10 ⁹ /L | 0.10-1.0 |
| Eos | 0.29 | 0.05 | 0.01 | 0.26 | 0.34 | x10 ⁹ /L | 0.00-0.7 |
| Baso | 0.08 | 0.04 | 0.07 | 0.05 | 0.04 | x10 ⁹ /L | 0.00-0.2 |

Status: F

Chemistry 22/05/2018 11:21 : Routine Chemistry

1.) Image :

| | | | | | | | |
|-------------|----------|----------|----------|----------|----------|-------|-----------|
| Request No: | P174408 | P174495 | P174498 | P173994 | P175842 | | |
| Date: | 20/05/18 | 20/05/18 | 20/05/18 | 21/05/18 | 22/05/18 | | |
| Time: | 01:50 | 05:30 | 06:00 | 08:47 | 11:21 | | |
| Hospital: | TCH | TCH | TCH | TCH | TCH | Units | Ref Range |

| | | | | | | | |
|----------|---------|---------|---------|----|----|--|--|
| Fasting: | Unknown | Unknown | Unknown | No | No | | |
|----------|---------|---------|---------|----|----|--|--|

| | | | | | | | |
|-------------|-------|-------|-------|------|-------|---------|---------|
| Sodium | 136 | 136 | 136 | 138 | 137 | mmol/L | 135-145 |
| Potassium | 3.8 | 4.1 | 4.5 | 3.3L | 3.6 | mmol/L | 3.5-5.2 |
| Chloride | 98 | 98 | 98 | 104 | 103 | mmol/L | 95-110 |
| Bicarbonate | 26 | 24 | 23 | 24 | 23 | mmol/L | 22-32 |
| Anion Gap | 16 | 18H | 20H | 13 | 15 | mmol/L | 8-16 |
| Urea | 10.9H | 10.3H | 10.1H | 7.1 | 6.7 | mmol/L | 2.5-7.5 |
| Creatinine | 172H | 162H | 176H | 116H | 119H | umol/L | 60-110 |
| Est. of GFR | 31L | 33L | 30L | 50L | 48L | * | >90 |
| Glucose | 11.1H | 11.7H | 12.0H | 8.2H | 13.9H | mmol/L | 3.5-5.5 |
| Osmol-calc | 293 | 294 | 295 | 290 | 294 | mOsm/kg | 280-300 |

| | | | | | | | |
|-----------|----|--|--|-----|-----|--------|--------|
| Bili Tot. | 15 | | | | | umol/L | 2-20 |
| ALT | 34 | | | | | U/L | <40 |
| ALKP | 87 | | | | | U/L | 30-110 |
| New GGT | 36 | | | | | U/L | <71 |
| Protein | 70 | | | | | g/L | 60-80 |
| Albumin | 34 | | | 30L | 29L | g/L | 33-50 |
| Globulin | 36 | | | | | g/L | 24-41 |

| | | | | | | | |
|-------------|-------|--|--|-------|-------|--------|-----------|
| Calcium | 2.18 | | | 2.01L | 2.03L | mmol/L | 2.10-2.60 |
| CorrCalcium | 2.33 | | | 2.22 | 2.25 | mmol/L | 2.10-2.60 |
| Phosphate | 0.81 | | | 0.63L | 0.65L | mmol/L | 0.75-1.50 |
| Magnesium | 0.69L | | | 0.67L | 0.66L | mmol/L | 0.70-1.10 |

| | | | | | | | |
|------------------|-------|------|------|--------|--------|------|------|
| CRP | 39.6H | | | 165.0H | 141.8H | mg/L | <6.0 |
| Lipase | 18 | | | | | U/L | <55 |
| Haemolysis Index | | | | | | | |
| Haemolysis | 0.06 | 0.44 | 0.85 | 0.09 | 0.22 | | |

Estimated GFR(CKD-EPI Formula)

eGFR is calculated using creatinine, sex and age of the patient ONLY.
It is less accurate in situations of rapidly changing kidney function, extremes of body size or age and severe malnutrition.

*GFR units are: mL/min/1.73m2

General Glucose Comment:

The above glucose reference range is valid for FASTING samples on males or non-pregnant females.

The reference range for RANDOM GLUCOSE is 3.5-7.7 mmol/L.

A RANDOM GLUCOSE >11.0 mmol/L is diagnostic of DM.

Age Related Reference Intervals

Where appropriate, the age-related Reference Interval is quoted for each analyte. These Reference Intervals are available from the laboratory. Status: F

Immunology 21/05/2018 08:47 : Ca & Bone Studies

| | | | | | | |
|-------------------------|----------|----------|----------|----------|-------|-----------|
| 1.) Image : Request No: | P258289 | P128994 | P395091 | P173994 | | |
| Date: | 27/08/14 | 28/05/15 | 17/11/16 | 21/05/18 | | |
| Time: | 09:50 | 11:30 | 16:10 | 08:47 | Units | Ref Range |

Serum Vitamin D Studies

| | | | | | | |
|-----------------|----|--|--|--|--------|-----------|
| 25-OH Vitamin D | 45 | | | | nmol/L | SEE-BELOW |
|-----------------|----|--|--|--|--------|-----------|

Serum Parathyroid Hormone

| | | | | | |
|------------|-------|-------|-----|--------|---------|
| Intact PTH | 12.1H | 15.1H | 6.6 | pmol/L | 1.6-7.2 |
|------------|-------|-------|-----|--------|---------|

Bone Studies

| | | | | | | |
|-------------------|------|------|------|-------|---------|---------------|
| Corrected Calcium | 2.34 | 2.40 | 2.32 | 2.24 | mmol/L | 2.10-2.60 |
| Phosphate | 1.04 | 0.93 | 1.39 | 0.66L | mmol/L | 0.75-1.50 |
| Magnesium | | 0.73 | 0.79 | 0.67L | mmol/L | 0.70-1.10 |
| Alk Phosphatase | 80 | 79 | 99 | 87 | U/L | 30-110 |
| Creatinine | 137H | 145H | 148H | 117H | umol/L | 60-110 |
| Est. of GFR | 41L | 38L | 37L | 49L | mls/min | >90 Status: F |

Immunology 21/05/2018 08:47 : Endocrinology/bHCG

| | | | | | | |
|-------------------------|----------|----------|----------|----------|-------|--------------|
| 1.) Image : Request No: | P087675 | P087880 | P068576 | P173994 | | |
| Date: | 01/04/15 | 11/04/15 | 05/03/16 | 21/05/18 | | |
| Time: | 10:15 | 10:10 | *UNK* | 08:47 | Units | Ref Interval |

THYROID FUNCTION

| | | | | | | |
|-----|------|------|------|------|--------|-------------------|
| FT4 | | 12.2 | | | pmol/L | 10.7-17.0 |
| TSH | 0.65 | 0.70 | 0.65 | 0.46 | mIU/L | 0.34-3.40 Status: |

Hematology 21/05/2018 08:47 : FBC & General Haem

1.) Image : TOTAL NEUT: is the sum of Neutrophils, Bands, Myelocytes, Metamyelocytes.

 CUMULATIVE REPORT

| | | | | | | | |
|---------|----------|----------|----------|----------|----------|-------|-----------|
| Req No: | P328708 | P384263 | P174408 | P174498 | P173994 | | |
| Date: | 20/10/17 | 31/10/17 | 20/05/18 | 20/05/18 | 21/05/18 | | |
| Time: | 11:05 | 16:50 | 01:50 | 06:00 | 08:47 | | |
| Hosp.: | TCH | TCH | TCH | TCH | TCH | Units | Ref Range |

BLOOD COUNT

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|------|-------|-------|-------|-------|-------|----------------------|-----------|
| Hb | 126L | 131L | 124L | 134L | 126L | g/L | 135-180 |
| WCC | 8.4 | 9.5 | 13.7H | 13.0H | 16.0H | x10 ⁹ /L | 4.0-11.0 |
| Plat | 209 | 267 | 224 | 217 | 186 | x10 ⁹ /L | 150-400 |
| RCC | 4.95 | 5.17 | 4.87 | 5.08 | 4.88 | x10 ¹² /L | 4.30-6.50 |
| HCT | 0.39L | 0.41 | 0.39L | 0.41 | 0.39L | L/L | 0.40-0.53 |
| MCV | 79L | 79L | 80 | 80 | 80 | fL | 80-96 |
| MCH | 25.4L | 25.3L | 25.6L | 26.3L | 25.8L | pg | 27.0-33.0 |
| MCHC | 320 | 320 | 321 | 328 | 323 | g/L | 320-360 |
| RDW | 16.1H | 15.7H | 15.0H | 15.0H | 15.2H | % | 11.0-14.5 |

White Cell Differential

| | | | | | | | |
|----------|------|------|--------|--------|--------|---------------------|----------|
| Tot Neut | 5.56 | 6.93 | 12.23H | 11.48H | 13.89H | x10 ⁹ /L | 1.8-7.5 |
| Neut | 5.56 | 6.93 | 12.23H | 11.48H | 13.89H | x10 ⁹ /L | 1.8-7.5 |
| Lymph | 1.60 | 1.30 | 0.74L | 0.70L | 0.99L | x10 ⁹ /L | 1.2-4.0 |
| Mono | 0.89 | 0.90 | 0.63 | 0.74 | 0.82 | x10 ⁹ /L | 0.10-1.0 |
| Eos | 0.27 | 0.29 | 0.05 | 0.01 | 0.26 | x10 ⁹ /L | 0.00-0.7 |
| Baso | 0.08 | 0.08 | 0.04 | 0.07 | 0.05 | x10 ⁹ /L | 0.00-0.2 |

Status: F

Microbiology 20/05/2018 10:20 : Urine MC&S

1.) Image : Lab. Number: M102820

SPECIMEN: URINE

DESCRIPTION: Indwelling Catheter

MICROSCOPY:

| | | |
|---------------------------|---------------------------|---------------------------------------|
| Leucocytes | < 10 x 10 ⁶ /L | Normal value <10 X 10 ⁶ /L |
| Erythrocytes | < 10 x 10 ⁶ /L | Normal value <10 X 10 ⁶ /L |
| Squamous Epithelial Cells | < 10 x 10 ⁶ /L | Normal value <10 X 10 ⁶ /L |

A squamous epithelial cell count of >10 x 10⁶/L is suggestive of improper collection.

DIPSTICK CHEMISTRY:

| | | |
|---------|----------|--------------------------|
| pH | 5 | Normal value 4.5 - 8.0 |
| Protein | Negative | Normal value < 0.3 g/L |
| Glucose | Negative | Normal value < 2 mmol/L |
| Nitrite | Negative | Normal value is Negative |

COLONY COUNT:

| | |
|---------------------|--|
| <10 ⁶ /L | Normal MSU values for |
| | Males <10 ⁶ /L |
| | Asymptomatic Females <10 ⁸ /L |
| | Symptomatic Females <10 ⁵ /L |

CULTURE:

No growth after overnight incubation. Status: F

Microbiology 20/05/2018 06:00 : Blood Cultures

1.)Image : LAB.NUMBER: M101660

SPECIMEN: BLOOD CULTURES

BLOOD CULTURE RESULT:

Aerobic Bottle: No growth after 48 hours incubation

Anaerobic Bottle: No growth after 48 hours incubation

No further report will be issued unless growth occurs. Status: F

Relevant Diagnostic Imaging

Abdomen/Pelvis- No Contrast 20/05/2018 06:47

1.)Abdomen/Pelvis- No Contrast :

DATE OF EXAM: 20/05/2018

Examination: CT - Abdomen/Pelvis- No Contrast

Examination: Abdomen/Pelvis- No Contrast

Clinical history: 83YO BIBA FROM NH WITH VOMITING; DIARRHOEA ONCE IN ED. ACUTELY CONFUSED, TENDER ABDOMEN WITHIN LAST HOUR; HX T2DM, CKD, CCF, BPH

Technique: Non-contrast CT abdomen/pelvis
IV contrast was not administered due to the patient's poor renal function.

FINDINGS:

No previous imaging is available for comparison.

Images are degraded by motion artefact.

The liver, gallbladder, right adrenal gland, spleen and pancreas are unremarkable within the limits of this non-contrast study. The left adrenal gland is bulky in appearance, however, no discrete lesion is identified.

Left-sided renal cysts are evident. There is a 2 mm non-obstructive calculus within the inferior pole of the left kidney.
No hydronephrosis or hydroureter is identified.

There is uncomplicated sigmoid diverticulosis.
The remainder of the large bowel is unremarkable in appearance.
The small bowel and appendix are also normal.

There is no enlarged abdominal or pelvic lymph node.

No intra peritoneal free fluid or free gas is identified.

The prostate is enlarged with indentation of the inferior bladder wall suggestive of median lobe hypertrophy.

Consolidation is evident within the lung bases in the middle lobe.

No suspicious osseous lesions identified.

Impression:

No cause that could account for the patient's symptom is identified.

Consolidation within the lung bases and middle lobe suggestive of an infective/inflammatory process. Correlation with inflammatory markers recommended

Status: Final

Preliminary Reading Doctor:

I; Authorising Doctor:

Chest 20/05/2018 03:12

1.)Chest

DATE OF EXAM: 20/05/2018

Examination: XR - Chest

CLINICAL HISTORY AND FINDINGS:

X-RAY CHEST

CLINICAL NOTES:

83-year-old from nursing home with vomiting, cough history CCF, T2DM.
Consolidation?

FINDINGS:

Essentially non-diagnostic lateral projection due to overlying arms.

Normal cardiomedial contours.

Lungs and pleural spaces are clear. No consolidation. No pneumothorax.

No subdiaphragmatic free gas.

Electronically signed by

MBBS FRANZCR

IMPRESSION:
As Above.

Status: Final
Preliminary Reading Doctc

Authorising Doctor

Clinician
For Consultant:

Signature:
Date: 23/05/2018 11:57

Medical Records: 6244 2124 GP Liaison Phone: 6244 4183 GP Liaison Fax: 6205 2826