Canberra Hospital and Health Services

Medical - in - Confidence

Geriatric Medicine

(Discharge Summary)

To:
Discharged To: Trans to Acute Hospital

First Admitted: 16/05/2018 02:05

Discharge Date: 16/05/2018 17:10
Ward/Location: 11B
Discharge Method: GSAHS Hospital

Encounter History

Episode	Admission Date	Discharge Date	Episode Type	Discharge Unit	Discharge Doctor	Discharge Destination
51645500	16/05/2018 02:05	16/05/2018 17:10	Inpatient Service	Geriatric Medicine		Trans to Acute Hospital

Primary Discharge Diagnosis
Displaced comminuted right inferior and superior ramus fractures

Additional Diagnosis
Right sacaral ala fracture
Right iliac wing fracture
Urinary retention

Complications Treated during this Admission
Right sacaral ala fracture
Right iliac wing fracture
Urinary retention

Presenting History & Symptoms (including reason for encounter)
Transferred from Yass hospital for formal orthopaedic review and pelvic CT after fall while shopping onto right hip - Xray evidence of pelvic fractures
- fall while "chasing" food items that rolled out of his bag, denies dizziness, headache, syncope, weakness, chest pain
- No headstrike or LOC
- Non -WB post fall with ambulance and in ED
- no recent infective illness/symptoms
- PMHx: bladder ca, multiple myeloma, IHD - CABG, history multinodular goitre, AAA

OE
- tender iliac crest and R groin, no right SIJ or sacral tenderness
- Neurovascularly intact right lower limb
- no long bone tenderness
- Obs normal, afebrile.

Past Medical History
Bladder cancer
Abdominal aortic aneurysm
CABG x3 (2000)

GORD
BPH

Summary of Investigations / Observations
CXR: NAD
CT pelvis: see formal results below
- comminuted, displaced superior and inferior right ramus fractures, right sacral ala fracture, right iliac wing fracture

Bloods
- renal impairment compared with 2017 bloods (see below)
- Neutrophilia

Summary of Management
1. Pelvic fractures
- CT pelvis: right inferior + superior ramus fractures, right sacral ala fractures, right iliac wing fractures
- Orthopaedic review: fractures stable, can weight bear as tolerated and adequate analgesia

2. Urinary retention+ UTI
- IDC inserted for urinary retention: red sediment + urine MCS shows leuks + erythrocytes (see below), nil bacterial growth overnight
- Abx commenced for ?UTI: cephalexin 50mg BD po

Admitted to GAPU (geriatrics assessment and planning unit) under
- IV fluids - clinically dehydrated + renal impairment
- Analgesia: Paracetamol 1g TDS, targin 5/2.5mg BD ad PRN oxycodone for breakthrough pain
- ongoing oral antibiotics
- Renal tract U/S booked to investigate haematuria + retention in context of ?UTI and previous bladder ca --> however t/f back to Yass prior to U/S

T/F back to Yass on 16/5/18 for ongoing management
- Analgesia
- Physiotherapy to return to baseline mobility
- Trial of void
- Chase formal urine MCS cultures for antibiotic management of suspected UTI
- Renal tract U/S to be completed
- Social work and OT input as needed for local services

Pending Results / Investigations for GP to Follow-up
Urine MCS final report

Ongoing Issues / Recommendations to GP
Dear

Thank you for your ongoing care of i. He was transferred to TCH for orthopoedic opinion and further imaging of pelvic fractures, and was transferred back to Yass on 16/5 for ongoing management once it was established the fractures were stable.

Please be aware of the following:
- UTI: he was commenced on po cephalexin on 15/5 for suspected UTI, pending formal MSC. This may be the cause of his retention, however a renal tract U/S was booked due to history of bladder ca and red sediment in his IDC. Please follow up on this, as he was transferred back to Yass prior to U/S at TCH.

Kind regards,
GAPU team

Follow-up Required
· Service Requested: nil

Complete List of Medications on Discharge

- enoxaparin 20mg subcut daily mane (Supply on Discharge), Supply: Own supply
- mirtazapine 7.5mg nocte, po (Supply on Discharge), Supply: Own supply
- nilstat 1mL QID, po (Supply on Discharge), Supply: Own supply
- paracetamol 1g TDS, po (Supply on Discharge), Supply: Own supply
- cartia 100mg daily, po, mane (Supply on Discharge), Supply: Own supply
- pantoprazole 40mg mane daily (Supply on Discharge), Supply: Own supply
- tamsulosin 400 microg mane, po (Supply on Discharge), Supply: Own supply
- coloxyl + senna 2 tab mane (Supply on Discharge), Supply: Own supply
- calcium 600mg daily, po (Supply on Discharge), Supply: Own supply
- targin 5/2.5mg BD, po (Supply on Discharge), Supply: Own supply
- cephalexin 500mg BD, po (Supply on Discharge), Supply: Own supply
- oxycodone 2.5-5mg Q3H, po (Supply on Discharge), Supply: Own supply
- ondansetron 4-8mg, subling/IV, TDS PRN (Supply on Discharge), Supply: Own supply

Details of Pre-Inpatient Medications Ceased during this Admission

- nil

Allergies / Sensitivities

- Substance: sulphur

Relevant Pathology

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Microbiology 15/05/2018 18:00 : Urine MC&S
1.)Image : Lab. Number: M101657
SPECIMEN:     URINE
DESCRIPTION: Midstream


MICROSCOPY:
Leucocytes                  10-100 x 10^6/L      Normal value <10 X 10^6/L
Erythrocytes                > 100 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 10^6/L is suggestive of improper
collection.

DIPSTICK CHEMISTRY:
pH               5                        Normal value 4.5 - 8.0
Protein          + (0.3 - 0.7 g/L)        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


Hematology 15/05/2018 17:00 : Coagulation
1.)Image :
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CUMULATIVE REPORT
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Request No:	N007697	P217065	P170442			Units	Ref Range
Date:	06/02/06	21/06/17	15/05/18				
Time:	11:50	12:08	17:00				
Hospital:	Cal	TCH	TCH				
COAGULATION PROFILE							
PT	14	17H	13			sec	10-15
INR	1.2	1.5H	1.1				0.8-1.4
APTT	28	31	30			sec	25-36
PT Mix		13				sec	10-15

Status: F

Hematology 15/05/2018 17:00 : FBC & General Haem
1.)Image : TOTAL NEUT: is the sum of Neutrophils, Bands, Myelocytes, Metamyelocytes.

CUMULATIVE REPORT

Req No:	P222525	P225055	P229103	P230774	P170442	Units	Ref Range
Date:	27/06/17	28/06/17	30/06/17	03/07/17	15/05/18		
Time:	08:30	15:00	08:46	07:57	17:00		
Hosp.:	TCH	TCH	TCH	TCH	TCH		
BLOOD COUNT							
Hb	110L	109L	112L	104L	92L	g/L	135-180
WCC	6.7	6.6	6.6	6.3	10.6	x10^9/L	4.0-11.0
Plat	267	282	290	297	167	x10^9/L	150-400
RCC	3.13L	3.19L	3.20L	2.93L	2.74L	x10^12/L	4.30-6.50
HCT	0.32L	0.32L	0.33L	0.30L	0.27L	L/L	0.40-0.53
MCV	103H	102H	103H	102H	99H	fL	80-96
MCH	35.3H	34.3H	35.1H	35.6H	33.4H	pg	27.0-33.0
MCHC	341	336	341	347	337	g/L	320-360
RDW	14.7H	14.2	14.7H	14.7H	14.9H	%	11.0-14.5
Retics %		1.08				%	0.5-2.0
Retics		34.5				x10^9/L	20-130
White Cell Differential							
Tot Neut	4.94	4.73	5.13	4.99	9.60H	x10^9/L	1.8-7.5
Neut	4.94	4.73	5.13	4.99	9.60H	x10^9/L	1.8-7.5
Lymph	1.02L	1.00L	0.88L	0.74L	0.41L	x10^9/L	1.2-4.0
Mono	0.54	0.72	0.53	0.51	0.57	x10^9/L	0.10-1.0
Eos	0.13	0.11	0.03	0.03		x10^9/L	0.00-0.7
Baso	0.07	0.04	0.03	0.04	0.01	x10^9/L	0.00-0.2

Status: F

Chemistry 15/05/2018 17:00 : Routine Chemistry
1.)Image : --

Request No:	P222525	P225055	P229103	P230774	P170442	Units	Ref Range
Date:	27/06/17	28/06/17	30/06/17	03/07/17	15/05/18		
Time:	08:30	15:00	08:46	07:57	17:00		
Hospital:	TCH	TCH	TCH	TCH	TCH		
Fasting:	Unknown	Unknown	Unknown	Unknown	Unknown		
Sodium	134L	136	134L	131L	136	mmol/L	135-145
Potassium	Ha	3.8	3.8	3.9	4.6	mmol/L	3.5-5.2
Chloride	106	107	107	104	107	mmol/L	95-110

Bicarbonate	19L	21L	19L	18L	20L	mmol/L	22-32
Anion Gap		12	12	13	14	mmol/L	8-16
Urea	12.3H	11.8H	12.3H	9.6H	14.8H	mmol/L	2.5-7.5
Creatinine	87	76	88	72	128H	umol/L	60-110
Est. of GFR	67L	76L	66L	78L	42L	*	>90
Glucose	7.3H	5.3	7.1H	5.2	8.9H	mmol/L	3.5-5.5
Osmol-calc		288	287	276L	296	mOsm/kg	280-300
Bili Tot.		8				umol/L	2-20
ALT		52H				U/L	<40
LDH		236				U/L	120-250
ALKP		48				U/L	30-110
New GGT		33				U/L	<71
Protein		102H				g/L	60-80
Albumin	35	35		34		g/L	33-50
Globulin		67H				g/L	24-41
Calcium	2.18			2.07L		mmol/L	2.10-2.60
CorrCalcium	2.31			2.22		mmol/L	2.10-2.60
Phosphate	0.87			0.80		mmol/L	0.75-1.50
Magnesium	0.74			0.74		mmol/L	0.70-1.10
CK		36L				U/L	50-250
CRP	27.4H					mg/L	<6.0
Haemolysis Index							
Haemolysis	2.35	0.00	0.09	0.40	0.15		

27/06/17 17P222525
Comment: Results suppressed due to:
Haemolysis (Ha).

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

Relevant Diagnostic Imaging
Chest 15/05/2018 18:08
1.)Chest :

Reading '

DATE OF EXAM: 15/05/2018

Examination: XR - Chest

CLINICAL HISTORY AND FINDINGS:

X-RAY CHEST

CLINICAL HISTORY

Fall.

FINDINGS

The cardiothoracic ratio is poorly assessed on this AP study. No hilar or mediastinal mass.

The lungs are clear. No focal bone lesion.

CONCLUSION

Clear lungs.

Electronically signed:

MBBS FRANZCR
IMPRESSION:
As Above.

Status: Final
Preliminary Reading Doctor

Pelvic Bones- No Contrast 15/05/2018 15:26
1.)Pelvic Bones- No Contrast :

DATE OF EXAM: 15/05/2018

Examination: CT - Pelvic Bones- No Contrast

Examination: Pelvic Bones- No Contrast

Clinical history: FALL, INPATIENT AT YASS. APPARENTLY XRAYS OK. ONGOING PAIN, WORSE R. ?PELVIC #

Comparison is made with CT abdomen pelvis dated 21/6/2017.

FINDINGS:

There is a fracture noted involving the right iliac wing associated with the haematoma in the right iliacus muscle. No significant displacement. Undisplaced impacted fracture noted involving the right sacral ala with suggestion of intra-articular extension at the SI joint. No significant widening of the right and left SI joints.
There are displaced and comminuted fractures involving the right superior and inferior pubic rami. There is no evidence of extension into the acetabulum.
There is fluid density within and around the right superior pubic ramus fracture with HU of 55, consistent with acute blood.
There is no evidence of left pubic rami fractures. No femoral fractures are identified. The hip joints demonstrate degenerative change but are otherwise unremarkable. There is also degenerative change involving the right sacroiliac joint, but this appears unchanged compared with previous imaging.

The bladder is grossly distended.
There is a redundant sigmoid colon. Extensive uncomplicated diverticular disease noted involving the sigmoid colon.
There is extensive calcified plaque within the terminal abdominal aorta and iliac vessels.
There are small fat-containing bilateral indirect inguinal hernias.
The prostate is enlarged and measures 6.5 cm in transverse dimension but does not appear significantly different when compared with previous imaging.

IMPRESSION:
1. Undisplaced fractures involving the right iliac wing and right sacral ala and haematoma in the right iliacus muscle.
2. Displaced and comminuted fractures involving the right superior and inferior pubic rami. Haematoma involving the right superior pubic ramus fracture.
3. Grossly distended bladder. Review to assess urinary retention is recommended.
4. Uncomplicated diverticular disease in the sigmoid colon. Small bilateral fat-containing indirect inguinal hernias.

Status: Final
Prelim ry Reading Doctor:

Clinician:
For Consultant:

Signature:
Date: 16/05/2018 16:28

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