



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

To:
Cc: THE CANBERRA HOSPITAL - GASTRO
Discharged To: Home

First Admitted: 09/11/2018 12:04

Discharge Date: 11/11/2018 13:00
Ward/Location: 4BRN
Discharge Method: General Practitioner

Encounter History

Episode	Admission Date	Discharge Date	Episode Type	Discharge Unit	Discharge Doctor	Discharge Destination
51707030	09/11/2018 12:04	11/11/2018 13:00	Inpatient Service	Gastroenterology		Home

Discharge Location

has been discharged from: The Canberra Hospital

Primary Discharge Diagnosis

Nausea and vomiting (undifferentiated)

Additional Diagnosis

-

Presenting History & Symptoms (including reason for encounter)

70M presents with intractable nausea and vomiting for last 12/12 on B/G of pancreatitis secondary to gall stones (lap cholecystectomy 8/6/18 + ERCP 12/6) with associated WL (12kg over 12/12)

Also reported associated intermittent RUQ pain without radiation
 Early satiety and worsening fatigue.

NO dark urine/steatorrhea/pale stools/pruritis/scleral icterus

CT cholangiogram ordered by GP demonstrated distal CBD stricture (previously normal on ERCP)

Examination on admission

RUQ tender to percussion. Normal BS.
 Otherwise Unremarkable

Past Medical History

Amyloid angiopathy
 IHD

- MI 1988 and 2008

- CABG 1988 and 2008

- cardiac arrest (VF) 1992

Atrial fibrillation

- not currently anticoagulated

Bladder Ca

TURP
GORD
Spinal canal stenosis
- surgery 2016
Gallstone pancreatitis 2018
- laparoscopic cholecystectomy 8/6
- ERCP 12/6

Social:
Lives with wife
Independent driving
Current smoker 10-20 a day for 50+years
No ETOH

Summary of Investigations / Observations

see below

Summary of Management

Seen in ED
- Reviewed by GenSurg
- No acute surgical pathology (normal bilirubin) requiring admission
- Advised medical review and admission
- Reviewed by ARM Reg
- Admitted under

- Cease tramadol
- Possible contribution to nausea
- Pacemaker check
- Dietician review
- IVF

Patient advised that there is no intervention that would currently require an inpatient stay.
Advised that Case will discussed at MDT meeting and patient will be followed up as an outpatient.
Pt booked for follow up on Wednesday clinic (28/11/2018) and endoscopy (11/12/2018)
Given script for metoclopramide TDS PRN
Stool sample

Pending Results / Investigations for GP to Follow-up

-

Ongoing Issues / Recommendations to GP

Dear

Thank you for your ongoing care of

- Please note the above admission summary.
- Medication changes:
 - > Started - Metoclopramide 10mg TDS PRN
 - > Changed/Withheld - nil
 - > Ceased - Tramadol
- Please assist by providing ongoing scripts for their medications
- They will be followed up as below.
- Please help ensure that they attend this appointment.

Kind Regards

Canberra Hospital Gastroenterology Team

Follow-up Required

· Service Requested: Gastroenterology Follow Up, Clinician's Name: [redacted] Appt made: Yes, Patient Advised: No, Appt Details: Wednesday 28/11/2018 @ 2:30pm, Location: Gastroenterology Outpatients
· Service Requested: Endoscopy, Clinician's Name: [redacted] Appt made: Yes, Patient Advised: No, Appt Details: Tuesday 11-Dec-2018 @ 12:30, Location: Gastroenterology Endoscopy Suite

Patient Instructions

Dear

You were admitted to Canberra Hospital Gastroenterology department with your ongoing nausea and vomiting.

There was no intervention performed during this admission, however, you were advised that you will be followed up as an outpatient and your case is to be discussed at the multi-disciplinary meeting.

We wish you well with your ongoing recovery. After discharge please attend to the following self-care instructions:

- Please attend your GP within 1 week for review of symptoms, current medication and to help facilitate follow up.
- Please continue with your regular medications.
- Please take your new medications as prescribed
- Maxolon (metoclopramide) 10mg tablet up to every 8 hours as required.
- Please continue with a normal diet as tolerated.
- Please note you have follow up organised for you as above.
- If you have any concerns regarding the following symptoms; abdominal pain that is beyond what you can manage, developed fevers/rigors/chills, have changes in bowel motions that beyond what you are able to manage, or you are otherwise concerned, please seek medical assistance.

Kind regards,

Canberra Hospital Gastroenterology Team

Medications on Admission

- Amlodipine 5mg Nocte
- Atorvastatin 40mg Nocte
- Pregabalin 150mg Nocte
- Tramadol SR 150mg BD
- Temazepam 10mg PRN
- Betahistine 8mg TDS PRN
- Gaviscon 10mL PRN
- Mersyndol 450mg 1-2 TDS PRN

Complete List of Medications on Discharge

- Amlodipine 5mg Nocte (Supply on Discharge), Supply: Own supply
- Atorvastatin 40mg Nocte (Supply on Discharge), Supply: Own supply
- Pregabalin 150mg Nocte (Supply on Discharge), Supply: Own supply
- Metoclopramide 10mg TDS PRN (Supply on Discharge), Supply: Script, Comments: NEW MEDICATION
- Temazepam 10mg PRN (Supply on Discharge), Supply: Own supply
- Betahistine 8mg TDS PRN (Supply on Discharge), Supply: Own supply
- Gaviscon 10mL PRN (Supply on Discharge), Supply: Own supply
- Mersyndol 450mg 1-2 TDS PRN (Supply on Discharge), Supply: Own supply

Details of Pre-Inpatient Medications Ceased during this Admission

· Tramadol (stopped 08/11/2018, Possible contributor to nausea)

Allergies / Sensitivities

· Substance: NKDA

Relevant Pathology

Hematology 11/11/2018 09:40 : FBC & General Haem

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

CUMULATIVE REPORT

Req No:	P306306	P381871	P401479	P400709	P402605		
Date:	11/09/18	25/10/18	08/11/18	10/11/18	11/11/18		
Time:	09:20	18:00	16:45	15:50	09:40		
Hosp.:	TCH	TCH	TCH	TCH	TCH	Units	Ref Range
BLOOD COUNT							
Hb	156	158	158	154	151	g/L	135-180
WCC	10.7	15.3H	11.1H	9.6	9.5	x10 ⁹ /L	4.0-11.0
Plat	234	194	249	207	198	x10 ⁹ /L	150-400
RCC	4.67	4.79	4.86	4.61	4.58	x10 ¹² /L	4.30-6.50
HCT	0.46	0.47	0.48	0.45	0.45	L/L	0.40-0.53
MCV	99H	98H	98H	98H	98H	fL	80-96
MCH	33.4H	33.0	32.5	33.4H	32.9	pg	27.0-33.0
MCHC	338	337	330	340	338	g/L	320-360
RDW	15.7H	14.9H	14.8H	14.8H	14.7H	%	11.0-14.5
White Cell Differential							
Tot Neut	5.98	12.97H	7.75H	6.19	6.40	x10 ⁹ /L	1.8-7.5
Neut	5.98	12.97H	7.75H	6.19	6.40	x10 ⁹ /L	1.8-7.5
Lymph	3.34	1.39	2.24	2.27	1.93	x10 ⁹ /L	1.2-4.0
Mono	1.12H	0.83	0.97	1.02H	1.01H	x10 ⁹ /L	0.10-1.0
Eos	0.18	0.02	0.09	0.07	0.08	x10 ⁹ /L	0.00-0.7
Baso	0.07	0.09	0.06	0.06	0.09	x10 ⁹ /L	0.00-0.2

Status: F

Chemistry 11/11/2018 09:40 : Routine Chemistry

1.)Image : -----

Request No:	P306306	P381871	P401479	P400709	P402605		
Date:	11/09/18	25/10/18	08/11/18	10/11/18	11/11/18		
Time:	09:20	18:00	16:45	15:50	09:40		
Hospital:	TCH	TCH	TCH	TCH	TCH	Units	Ref Range
Fasting:	No	Unknown	Unknown	Unknown	Unknown		
Sodium							
Sodium	140	142	142	143	143	mmol/L	135-145
Potassium							
Potassium	4.2	4.2	4.3	4.1	3.9	mmol/L	3.5-5.2
Chloride							
Chloride	104	102	104	106	108	mmol/L	95-110
Bicarbonate							
Bicarbonate	27	29	26	27	23	mmol/L	22-32
Anion Gap							
Anion Gap	13	15	16	14	16	mmol/L	8-16
Urea							
Urea	5.3	5.6	4.6	5.5	5.5	mmol/L	3.4-9.0
Creatinine							
Creatinine	78	76	71	73	70	umol/L	60-110
Est. of GFR							
Est. of GFR	87L	88L	>90	89L	>90	*	>90
Glucose							
Glucose	5.4	4.9	5.4	5.9H	6.9H	mmol/L	3.5-5.5

Osmol-calc	290	293	293	296	297	mOsm/kg	280-300
Bili Tot.	10	13	11	6	13	umol/L	2-20
ALT	20	19	18	18	19	U/L	<40
ALKP	67	63	69	67	58	U/L	30-110
New GGT	15	15	16	14	16	U/L	<71
Protein	68	72	76	70	67	g/L	60-80
Albumin	44	42	46	42	40	g/L	33-50
Globulin	24	30	30	28	27	g/L	24-41
Calcium	2.32	2.43		2.43	2.40	mmol/L	2.10-2.60
CorrCalcium	2.32	2.39		2.39	2.40	mmol/L	2.10-2.60
Phosphate	1.29	1.33		1.25	1.23	mmol/L	0.75-1.50
Magnesium	0.76	0.84		0.84	0.79	mmol/L	0.70-1.10
CRP	2.0	14.9H		1.6	1.3	mg/L	<6.0
Lipase		20	22			U/L	<55
Haemolysis Index							
Haemolysis	0.06	0.52	0.13	0.18	0.09		

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.

Please note: As of 17/10/2018, there have been minor changes to the reference intervals for paediatric Calcium as per published literature. Australian Harmonised Reference Intervals for Paediatrics 2014.

Corrected calcium calculation has also been updated as per AACB documentation.

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

Hematology 10/11/2018 15:50 : Coagulation

1.) Image :

CUMULATIVE REPORT

Request No:	P201813	P255763	P381871	P401479	P400709		
Date:	12/06/18	23/07/18	25/10/18	08/11/18	10/11/18		
Time:	13:41	21:25	18:00	16:45	15:50		
Hospital:	TCH	TCH	TCH	TCH	TCH	Units	Ref Range
Hold							
COAGULATION PROFILE							
PT	13		13	12	12	sec	10-15
INR	1.1		1.1	1.1	1.1		0.8-1.4
APTT	36		32	34	35	sec	25-36 Status: F

Microbiology 10/11/2018 12:00 : Faeces MC&S

1.)Image : LAB.NUMBER: M157171

SPECIMEN: FAECES

MACROSCOPIC APPEARANCE: Unformed

MICROSCOPY:

Leucocytes: Not Seen

Erythrocytes: Not Seen

Wet Preparation: No trophozoites, ova, cysts or parasites
seen in direct microscopy.

SUPPLEMENTARY TESTING:

CULTURE:

Campylobacter, Salmonella and Shigella NOT isolated.

CLOSTRIDIODES (CLOSTRIDIUM) DIFFICILE:

Clostridioides difficile enterotoxin (Toxin A and/or B): Not Detected

Clostridioides difficile was NOT detected in faeces using a rapid
membrane enzyme immunoassay test.

In cases where clinical suspicion of Clostridioides difficile infection
is high, please contact the clinical microbiologist or microbiology
registrar on 62442514 to discuss additional testing options.

Specimen sent to Clinical Chemistry Department. Status: F

Microbiology 08/11/2018 16:33 : Urine MC&S

1.)Image : Lab. Number: M158806

SPECIMEN: URINE

DESCRIPTION: Midstream

MICROSCOPY:

Leucocytes < 10 x 10⁶/L Normal value <10 X 10⁶/L

Erythrocytes < 10 x 10⁶/L Normal value <10 X 10⁶/L

Squamous Epithelial Cells < 10 x 10⁶/L Normal value <10 X 10⁶/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:

<10⁶/L

Normal MSU values for

Males <10⁶/L

Asymptomatic Females <10⁸/L

Symptomatic Females <10⁵/L

CULTURE:

No growth after overnight incubation. Status: F

Authorisation

* This patients admission is not entirely known to this author. This summary is completed on behalf of the treating team based off written documentation *

Clinician:
For Consultant.

Signature:
Date: 27/11/2018 07:25

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