

VASCULAR SURGERY DISCHARGE SUMMARY

Patient Name: Smith, Jonathan

DOB: 25-Dec-1950, 53 years old

MRN: 1234567

Gender: Male

VISIT ENCOUNTER

Visit Number: 11186424686
Admission Date: 12-Jul-2015
Discharge Date: 22-Jul-2015
Discharge Diagnosis: Left Diabetic Foot Infection

Ensure Primary Care / Referring Provider information is correct

Primary Care Provider / Family Physician: Jay, Samantha; 416-555-5555
Most Responsible Health Care Provider: Snow, Michael; Physician; 416-123-4567
Discharge Summary Completed by: Dee, Susan; Nurse Practitioner; 416-321-4567 on 23-Jul-2015

Patient Encounter Type: Inpatient

Discharge Disposition: Discharged home from Toronto General Hospital (Vascular Surgery).

DIAGNOSIS (Co-Morbidities and Risks)

Conditions Impacting Hospital LOS:

Pre-Existing:

1. Peripheral Artery Disease: multiple foot infections and recent debridement of left foot
2. End stage renal disease: HD secondary to DM
3. Diabetes mellitus type 2

Developed:

1. Stage 2 Pressure Ulcer-coccyx

Be concise & itemize descriptions of patient's initial presentation

Conditions Not Impacting LOS:

1. Hypertension
2. Coronary Artery Disease
3. Hyperlipidemia
4. Obstructive sleep apnea

Indicate pre-existing conditions patient arrived with vs. conditions that developed during stay

Risks:

1. Smoking
2. Hyperlipidemia

COURSE WHILE IN HOSPITAL

Relevant Complaint(s) and Concerns:

1. Readmitted: 2 day history of calf pain, increasing cellulitis, necrosis of wound, fever.

Summary Course in Hospital (Issues Addressed):

1. Infectious diseases consult: IV antibiotics for 6 weeks via PICC line.
2. Angioplasty
3. Left Foot: debrided, distal aspect of the wound has small amount of slough. Remainder of wound has pink granulation tissue.
4. CCAC: will administer antibiotics and do VAC dressings.
5. PICC: inserted for antibiotics.
6. Tachycardia: bisoprolol dose increased

Include important developments while in hospital (do not be over-inclusive)

Investigations:

Labs

	Test	Test Date	Results	Units
1	Hb	23-Jul-2015	86	g/L
2	WBC	23-Jul-2015	6.0	x10e9/L
3	Plt	23-Jul-2015	312	X10e9/L
4	Sodium	23-Jul-2015	135	mmol/L
5	Potassium	23-Jul-2015	4	mmol/L
6	Chloride	23-Jul-2015	104	mmol/L
7	Creatinine	23-Jul-2015	676	umol/L
8	INR	23-Jul-2015	1.02	

Do not exceed more than three pages!

Radiology:

	Test	Test Date	Results
1	Foot x-ray	23-Jul-2015	No osteomyelitis

Only include significant or abnormal lab, radiology and diagnostic results

Interventions (Procedures & Treatments):

1. Angioplasty: of left proximal posterior tibial artery, July 19, 2015
2. Debridement: minor, bedside, July 20, 2015

Allergies: None

DISCHARGE PLAN

Medications at Discharge:

Unchanged Medications:

- amLODipine, 10mg, oral, twice daily
- REPLAVITE multivitamins, 2 tab, oral, once daily
- LANTUS insulin glagine, 10 unit, subcutaneous, nightly (at bedtime)
- darbepoetin, 40mcg, intravenous, every Friday in hemodialysis
- atorvastatin, 40mg, oral, nightly (at bedtime)
- acetylsalicylic acid, 81mg, oral, once daily
- calcitriol, 0.25mcg, oral, M/W/F
- calcium carbonate tab 1250mg (500mg Ca⁺⁺), 2500mg, oral, with breakfast, with lunch, and with dinner
- hydromorphone, 1-2mg, oral, every 4 hours when required
- Humalog insulin lispro (human), 3units, subcutaneously, once daily with breakfast, once daily with lunch, once daily with dinner

Categorized listing of medications

Adjusted Medications:

- bisoPROLOL, 5mg, oral, once daily (increase dose from 2.5mg to 5mg)

New Medications:

- ertapenem (hemodialysis related), 500mg, intravenous, once daily by CCAC for 6 weeks until Aug 29 EOD
- ampicillin, 2mg, intravenous, every 12 hours by CCAC for 6 weeks until Aug 29 EOD
- tylenol, 1 gram, every 6 hours as needed

Discontinued Medications:

- Keflex; Celebrex;

Follow-Up Instructions for Patient:

1. Call your Family Physician or Primary Care Provider for general medical concerns.
2. Call your Vascular Surgeon (416-321-1234) if you are experiencing a change in your leg (colour, movement, sensation), develop a fever / chills, feel new/change in pain, or notice drainage, redness, or change in incisions/wounds or anything of concern.
3. Refer to follow-up appointments and referrals listed below

Itemized follow-up plan instructions for patient, and recommendations for Provider(s)

Follow-Up Plan Recommended for Receiving Providers:

1. CCAC: have been requested for wound care with VAC dressing & IV antibiotics.

Referrals and Appointments:

	Appointment With	Location / Time	Comments/Instructions
<i>BOOKED</i>	Vascular Surgeon (Dr. Kenneth Cole) 416-340-4555	Vascular Clinic 6 North (TGH) August 7, 2015, 11:30am	
<i>BOOKED</i>	Nephrology 416-333-3333		Ongoing dialysis and care
<i>CLINIC WILL CONTACT PATIENT</i>	Infectious Diseases 416-111-2222	ID Clinic	Patient's daughter will be contacted with appointment. If you do not receive a call or letter within 2 weeks contact your TGH care provider.

Copies to be sent to:

1. Jay, Samantha; Family Physician; 416-555-5555

Follow-up arrangements and referrals listed as scheduled / to be scheduled