

**NHS Lothian****Royal Infirmary of Edinburgh**  
51 Little France Crescent  
Old Dalkeith Road  
Edinburgh  
EH16 4SADr DJ Chant  
Church Street Surgery  
30 Church Street  
Dunoon  
Argyll  
PA23 8BG**Date:** 24/03/2026**Emergency Discharge Summary**

|                           |                                                                                  |                                  |                       |
|---------------------------|----------------------------------------------------------------------------------|----------------------------------|-----------------------|
| <b>Patient</b>            | Robert Leitch<br>97 Ardenslate Road<br>Kirk<br>Dunoon<br>Argyllshire<br>PA23 8NN | <b>CHI</b>                       | <b>1508773076</b>     |
|                           |                                                                                  | <b>Date of Birth / Age</b>       | 15/08/1977 (48 years) |
|                           |                                                                                  | <b>UHPI</b>                      | 701624632X            |
|                           |                                                                                  | <b>A&amp;E Attendance Number</b> | E6344078              |
| <b>Attendance Date</b>    | 23/03/2026                                                                       |                                  |                       |
| <b>Attendance Time</b>    | 07:34                                                                            |                                  |                       |
| <b>Mode of Arrival</b>    | Emergency Ambulance                                                              |                                  |                       |
| <b>Source of Referral</b> | 999 Emergency                                                                    |                                  |                       |
| <b>Discharge Date</b>     | 23/03/2026                                                                       |                                  |                       |
| <b>Discharge To</b>       |                                                                                  |                                  |                       |

Dear Dr DJ Chant

**Presentation:** ? chest infection sob - productive cough t3 woke from sleep with coughing fit, ?blood spit pmh sleep apnoe, narcolepsy, t2dm news 2 h.reynolds

ACUTE MEDICINE RIE

GP INTERFACE SERVICE DISCHARGE COMMUNICATION

Diagnosis: LRTI

Change to medication: Nil

STOPPED (reason &amp; duration):

STARTED (reason & duration): DOxycycline x 5 days

CHANGED (reason): Nil

WITHHELD (reason and plan for review) Nil

Hospital follow up: Nil

Action plan for GP (Do not ask GP to chase results): Pt came with CHest infection , HAS smoking hx for 20years was wheezy on presentation today. PLease consider Fu of pt and repeat exam and need for PFT.

#### INFORMATION FOR ADMIN TEAM

Outstanding results/investigations (Please request prior to discharge): Nil

Please copy this letter to (include reason): nil

Pt informed of reports and plan of dsicharge with antibiotics , safety netting done. HAPpy with the plan.

THE ABOVE INFORMATION MUST BE EXPLAINED TO THE PATIENT BEFORE  
DISCHARGE

DETAILS OF CLINICAL ASSESSMENT FOR GP AVAILABLE BELOW

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\_\_\_\_ CLINICAL NOTES:

Clinical note: ACUTE MEDICINE IN GP INTERFACE SERVICE/ED

CLINICAL ASSESSMENT

PC: Cough x 5 days

HPC: BIBA , Pt came with Cough for 5 days , with Yellowish sputum, today noticed some dark colour sputum as well. Unwell for 2 days. No SOB . since today morning cough has gotten worse and says started with pain in right chest in lower axillary region since 4 Am, mostly when he is coughing a lot , localised , non raditing. called in ambulance and was brought to A&E. SPo2 96% on air with crew.

No dizziness, not felt clammy, No collapse, Headache, NEck pain , abdominal pain, leg pain, Vomting, rashes, SOB , Superficial Leg veins, Leg swelling. No weight loss. No melena ,

Normal bowel and bladder.

No recent surgery or immobility.

Background: DM on Metformin

narcolepsy on modafinil

Sleep Apnoea on CPAP

Medications: Metformin, Narcolepsy , Sleep Apnoea, Atorvastatin, Co-codamol for back pain.

Drug allergies: Ibuprofen

Social: Lives in north Scotland and works in Edinburgh for 6 months and goes back.

Smoker , 1 pack per day for about 20 years.

Doesn't consume alcohol . No other recreational Drug use.

## NEWS

A - Patent

B - SpO<sub>2</sub> :96% , RR17, Normal vesicular sounds, Wheeze bilaterally +, No crackles, Trachea central , normal expansion bilaterally. Normal percussion.

C - HR: 88 , Bp: 168/96mmHg , HS I+II+0 , WWP, CRT <2sec

Abd: SNT , BS + , No Bruises.

D - GCS 15/15. NO focal deficits.

E - Temp: 35.8 . No rashes or bruises.

Wells score for PE: 1

Investigation results: Bloods CRP:13, Glu:18, dimer <95. , CXR, ECG : Nil acute

Hasn't taken metformin today as was in hospital , doesn't know exact dose ,and ESR not getting reported, Cap ketones: 0.6.

Diagnosis: Chest Infection

Treatment and management plan: Salbutamol Inhaler , Bloods, ECG,

Chest sounds better after 2 puffs of Salbutamol inhaler with spacer.

Destination: Likely Home

Assessed by (name, seniority): Ashish Karn , ST

Consultant: Suad Elawad

Contact number: 21988

Email inquiries to [RIEacute@nhslothian.scot.nhs.uk](mailto:RIEacute@nhslothian.scot.nhs.uk)

\* For discharges from GP Interface Service, please use \pamadischarge at the top of this document. Thank You! \*

Discussed with senior Reg Dr R Bramah, with reports , asked for SAlbutamol Inhaler with spacer, Asked for Home with Doxycycline and GP FU in a week to consider repeat chest examination and decided on Need of PFT.

Yours Sincerely,

Ashish Karn, Doctor