NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr Stephen
Carmondean Medical Group
Carmondean Centre
Livingston
West Lothian
EH54 8PY

Date: 04/12/2023

Emergency Discharge Summary

Patient	Alan Soave 34 Southpark Place Livingston EH54 6FG	**CHI**	**2911571495**
		Date of Birth / Age	29/11/1957 (66 years)
		UHPI	800183063V
		A&E Attendance Number	E5536575
Attendance Date	28/11/2023		
Attendance Time	12:04		
Mode of Arrival	Private Transport		
Source of Referral	Flow Centre		
Discharge Date	28/11/2023		
Discharge To	SJH High Dependency Unit	**Final Triage**	1 - Immediate Resuscitation
		Attendances in the last 12 months	1

Dear Dr Stephen

Presentation:	Short of breath / Difficulty breathing, FEVER, COUGH, BROWN PHLEGM SOB 1 WEEK TACHY, CHEST CRACKLES, CHEST PAIN WHEN COUGHING HX STENT 2021, HYPTHYROIDISM, OBS T 36.6, HR 121, SATS 79-81, BP 101/69, RR 36 NEWS 9 ON 15ltrs OXYGEN, ? INFECTI
Diagnosis:	COVID pneumonitis
Procedures:	None

4AT SCORE: 0

CLINICAL NOTES:
Clinical note: 65M

Seen at 12:00

HPC:
- 7/7 worsening SOB, fatigue, fever
- 3/7 worsening cough, productive of brownish sputum (no blood), plus pain all across upper anterior chest, worse on coughing or deep inspiration
- Never had a similar pain before. Doesn't feel like the pain of his previous MI.
- No nausea / vomiting
- Some dizziness, no collapse
- No leg pain / swelling

- Attended GP this am, GP found him to have sats of 79% on air, called ambulance to bring him in.

- Also complains of some non-frank blood staining in his urine over past few days. Had an isolated episode of this around 6 months ago but this passed by itself.
- No dysuria, no frequency
- No bowel symptoms

PMH:
- MI 2 years ago
- Hypothyroidism

SH:
- Lives with [redacted]
- Normally fit & active
- Ongoing smoker

DH:
- See ECS
- NKDA

OBS:
- T 36.6, HR 121, SATS 79-81% on air (90-92% on 15L), BP 101/69, RR 36

O/E:
- Sat up, looks SOB
- GCS 15
- Chest - coarse creps from midzones down bilaterally. Some reduced breath sounds and bronchial breathing in RLZ, particularly posteriorly.
- HS I+II+O, pulse regular, tachy
- Peripheries warm
- Abdo soft, some tenderness in epigastrium & RUQ, not peritonitic
- Calves slim, symmetrical

BLOODS:
- H+ 43
- Hb 134, WCC 15.3, platelets 451
- Urea 13.7, Na 135, K 3.8
- Bicarb 18
- Cr 114 (84), eGFR 56 (>60)
- ALP 170, LFT otherwise normal
- Adj Ca 2.75, albumin 22
- Glucose 4.5
- Lactate 3.8
- CRP 417
- APTT 31, fibrinogen >9, INR 1.0

ECG:
- Sinus tachy, 110. Tall T waves in V3 & V4. No clear ischaemic changes.

CXR:
- Significant consolidation at RLZ and to a lesser extent at LLZ. No PTX.

IMP:
- CURB 3 pneumonia (age >= 65, urea >7, RR >30)

PLAN:
- IV co-amoxiclav, oral clarithromycin
- Fluids
- Analgesia as necessary
- Admit medicine, likely HDU given significant O2 requirement (just now 89-90% on 15L with no reason to be chronically hypoxic)
- ICU review requested given the above

J Buckley, specialty doctor, SJH ED

UPDATE 13:30 - cepheid swab POSITIVE for COVID-19.

J Buckley

Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

Dr Joseph Buckley, Doctor

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Date: 16/12/2023

Emergency Discharge Summary

Patient	Alan Soave 34 Southpark Place Livingston EH54 6FG	**CHI**	**2911571495**
		Date of Birth / Age	29/11/1957 (66 years)
		UHPI	800183063V
		A&E Attendance Number	E5552696
Attendance Date	15/12/2023		
Attendance Time	18:18		
Mode of Arrival	Private Transport		
Source of Referral	Flow Centre		
Discharge Date	16/12/2023		
Discharge To	SJH High Dependency Unit	**Final Triage**	2 - Very Urgent
		Attendances in the last 12 months	2

Dear Dr Stephen

Presentation: Rash, PC: REALLY UNWELL IN HSP DISCHARGED 2 WEEKS AGO FOLLOWING COVID AND PNEUMONIA MUCH IMPROVED FOLLOWING D/C LAST NIGHT HOWEVER SPIKED A FEVER AND FELT TERRIBLE T 41 HOME READING PARACETAMOL AND IBPROFEN AND FELT BETTER TODAY HAS DEVELOPED A MA
Diagnosis: COVID pneumonitis
Procedures: None
Drugs given in A&E: None
Discharge Drugs:

4AT SCORE: 0

CLINICAL NOTES:
Clinical note: 66yo m - see recent summary of admission and D/C from HDU & Medicine 6/7 ago with diagnosis of CAP (RLL) and Covid +ve treated with O2/amox/gent/steroids
Other than feeling exhausted he has been eating/drinking well - feels hungry!

PC - felt sweaty and shivery last night - wife took T of 41degs C
T has been steady since at 37 degs C on regular paracetamol/ibuprofen - patient feels well today and was getting ready to go out for meal when noticed symptom-free rash on legs
No syncope or presyncopal symptoms
Called GP but directed to ED
He did cough up some green sputum earlier, and noted some R lower chest wall discomfort
[redacted] he has been breathless climbing stairs

Recently stopped smoking

O/E
pale
NEWS 4 SpO2 92%ra RR16 P 86 BP 99/66 afebrile CRT 3s
Chest - good AE throughout both fields - harsh/bronchial sounds bases bilaterally - no wheeze - apices clinically clear - HS pure - nil added
Abdo benign
Legs - normal temp - no cool peripheries/urticaria/swelling/vesicles/macules - non-specific dull suffused skin, does blanch - not clinically purpuric/mottled
This appearance similar on chest and back, patient feels well

CXR - improved picture since last CXR on 2/12 but ? empyema developing R LL - note L UL changes too
CTPA 18/7 ago - R LL consolidation with L UL inflammatory changes
Bloods
Hb 112 from 124
WCC 13.8 with neutrophilia
Plts 535
CRP 109 from 19 6/7 ago
U 7.1
eGFR >60
Albumin 21 from 17 8/7 ago
ALT and Alk Phos still raised but improving trend

Diagnosis - CURB 3 pneumonia with CXR changes now ? empyema - will likely need further CT Chest

d/w Med Reg re admission and AB options - treat with amoxicillin now - review options once sputum C&S back
Review post oral amoxicillin 1g and I litre oral fluid - NEWS now 3 BP 106/70 SpO2 95%ra

6-hourly V amoxicillin/IVF overnight
ADMIT MEDICINE

This patient has been admitted to St John's hospital and a further letter will follow.

Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

Mr Martin DJ McKechnie, Consultant