

# John Hunter Hospital Discharge Referral Emergency Medicine

(Emergency Department Discharge Referral)

## MRS Rebecca Leigh FRANCIS

2718727 /2718727

[Do8: 06/01/1986] Female

34 Dudley Road, Charlestown, NSW, 2290, Australia

Ph: 0417877991

Admitted: 19/09/2021 10:59

Room: JHEDER11

To: Dr Natalia CARTER

## Hospital Address

John Hunter Hospital Lookout Road, New Lambton NSW 2305 Telephone: (02) 4921 3000 Fax: (02) 4921 3999

## ED Attendance Details (Abbreviated)

Start Date: 19 Sep 2021 10:59 End Date: Seen By: O'FLYNN, Dr Micheal

Triage Nurse Notes: Pt presents with ongoing chest pain. States pain started 5 days post Pfizer vaccination. Has been investigated at JHH ED, advised she may have "inflammation around her heart". Was advised to take regular nurofen. States she has taken regular nurofen, states analgesic effect only lasts a few hours. Pain worse on deep inspiration. O/A pt talking in full sentences, nil overt distress, HR 78, SpO2 98%, RR 16, Temp 36.2 Phx allergic to codiene, vomiting ++ with anaesthetic.

## Presenting Problem and Significant Events

Dear Doctor.

Thankyou for your ongoing care of Rebecca Leigh FRANCIS, a 35-year-old female who represented with chest pain approximately 2 weeks after her first dose of the Pfizer vaccine.

## HISTORY OF PRESENTING COMPLAINT

- Ongoing mild chest tightness and pain
- Ongoing, not worsened by activity
- Not radiating to back
- Nil epigastric pain
- Nil change when sitting forward or leaning backward
- Recent strenuous activity

### PAST MEDICAL HISTORY

- Anxiety
- Nil significant other past medical history

#### MEDICATIONS

- Escitalopram 10mg
- OCP

### SOCIAL HISTORY

- Lives at home
- Notes son has lung issues with multiple admissions previously to JHH

## O/E

- Chest clear

- Heart sounds dual, no murmur, no rub

#### - Ex

- Bedside USS shows nil significant pericardial effusion
- ECG normal
- Troponin <3
- CXR normal
- -> Nil clinical signs of pericarditis

#### PLAN

- 1) Discharge home
- 2) Continue (buprofen 400mg three times daily with meals for 3 days or as recommended by your G.P.
- 3) Follow-up with your G.P. within 1 week
- 4) Continue with second Pfizer vaccine as planned
- 5) If chest pain significantly worsens, please re-present to ED

Kind Regards, JHH ED

## Diagnoses

Primary Diagnosis Chest tightness

Relevant Pathology Results (only results from 30 days prior to today til now)

Haematology 19/09/2021 11:34 : Full Blood Count Order Number: 424708940

- 1.) White Cells : 4.6 10^9/L (4.0 11.0 10^9/L) N
- 2. | Red Cell Count : 3.94 10^12/L (3.80 5.80 10^12/L) N
- 3.) Hb (Haemoglobin) : 126 g/L (115 165 g/L) N
- 4.) Haematocrit : 0.370 L/L (0.320 0.460 L/L) N
- 5.) MCV : 94 fl (80 100 fl) N
- 6.1MCH : 32 pg (27 32 pg) N
- 7.) MCHC : 340 g/L (310 360 g/L) N
- 8. ) RDW : 12.7 % (< 15.0 %) N
- 9.)Platelets: 294 10^9/L (150 400 10^9/L) N
- 10. | MPV : 9.0 fl (7.2 11.1 fl) N
- 11.)Neutrophils: 2.5 10^9/L (2.0 8.0 10^9/L) N
- 12.) Lymphocytes: 1.7 10^9/L (1.0 4.0 10^9/L) N
- 13. | Monocytes : 0.3 10^9/L (0.2 1.0 10^9/L) N
- 14.) Eosinophils : 0.1 10^9/L (< 0.5 10^9/L) N
- 15. JBasophils : 0.1 10^9/L (< 0.1 10^9/L) N

Biochemistry 19/09/2021 11:34 : Routine Chemistry Order Number: 424708940

- 1.) Sodium : 137 mmol/L (135 145 mmol/L) N
- 2.) Potassium : 4.8 mmol/L (3.5 5.2 mmol/L) N
- 3.) Chloride : 108 mmol/L (95 110 mmol/L) N
- 4.) Bicarb PRE : 24 mmol/L (22 32 mmol/L) N
- 5.) Urea : 5.4 mmol/L (3.0 7.0 mmol/L) N
- 6.)Creatinine : 64 umol/L (45 90 umol/L) N
- 7.)GFR Estimate : >90 mL/min/1.73m2 (> 60 mL/min/1.73m2) N Status: (Corrected)
- 8.) Anion Gap (Calc) : 10 mmol/L (7 17 mmol/L) N
- 9.) Protein (Total) : 66 g/L (60 80 g/L) N
- 10.) Albumin : 37 g/L (31 47 g/L) N
- 11.)Calc.Globulin : 29 g/L (22 42 g/L) N
- 12.) Bilirubin (Total) : 7 umol/L (< 20 umol/L) N
- 13.) GGT : 20 U/L (5 35 U/L) N
- 14.)ALP : 43 U/L (30 110 U/L) N
- 15.) ALT : 13 U/L (10 35 U/L) N
- 16.) AST : 19 U/L (10 35 U/L) N

Biochemistry 19/09/2021 11:34 : Troponin Order Number: 424708940 1.) Troponin I : < 3 ng/L (< 16 ng/L) N

## Medication Plan

No changes to medications during admission

Changes to existing (preadmission) medications discussed with patient / carer: Yes

Discharge medication list with action plan given to patient / carer: No

Author: Koshy Mathew (Resident Medical Officer)

Signature

Date & Time: 19/09/2021 13:30