



Health
Hunter New England
Local Health District

John Hunter Hospital
Discharge Referral
Emergency Medicine
(Emergency Department Discharge Referral)

MRS Rebecca Leigh FRANCIS

To: Dr Natalia CARTER

2718727 /2718727

[DoB: 06/01/1986] Female

34 Dudley Road, Charlestown, NSW, 2290, Australia

Ph: 0417877991

Admitted: 28/09/2021 02:57

Room: JHEDRESPEN1

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: 28 Sep 2021 02:57 End Date:

Seen By: GILES, Dr Michael

Triage Nurse Notes: Pt presents with chest pain and difficulty breathing- states had severe inflammatory reaction to 1st pfizer vax- ? pericarditis- has had 2nd dose yesterday- has had increasing pain since approx 2200hrs- states pain in left side chest, T 36.9, PR SaO2 100%ra PR 94, Panadol taken 2300hrs, nurofen 0100hrs Allergy codeine

Presenting Problem and Significant Events

35yo female presenting with chest pain and SOB following second Pfizer vaccination yesterday.

HPC

Similar episodes ongoing since 1st vaccine dose.

Attended ED for same on 16/9 and 19/9. Treated with regular paracetamol and ibuprofen.

Worse last night after 2nd dose.

Describes palpitations intermittently and needs to rest when these happen

Episodes last up to one hour

Associated chest pain to left chest wall, nil radiation and nil epigastric pain

Described as tight

Chest pain improved when sitting forward, worse on lying down

Regular Panadol and neurofen for two weeks providing some relief

SOB constantly, worse when mobilising

Denies fevers

PMHx

Anxiety

MEDS

OCF

Escitalopram

O/E:

BP: 133/84, HR: 86, RR: 16, T: 36, O2: 100 RA, GCS: 15

Looks well, sitting in chair alert and oriented

Speaking in sentences comfortably, normal WOB

HSDNM, nil rub

Chest clear - nil wheeze

Tenderness to palpation of left sternocostal joints 3-5. Illiciting grabbing like left heart pain.

Abdo soft, nil epigastric pain
Nil calf pain or oedema
Nil clinical signs of pericarditis

IX
Trop: <3
ECG: Sinus rhythm
FBC + UEC unremarkable

PLAN

1. D/C home today
2. To follow up with GP within 5 days for R/V
3. Regular ibuprofen 400mg three times daily to continue with food. Regular paracetamol.
4. Please seek medical advice if worsening of symptoms or concerned

Kind Regards
JHH ED

Diagnoses

Primary Diagnosis
· Chest wall pain

Allergies Adverse Reactions

· Status:
· No Known Allergies/Adverse Reactions
· None Supplied

Medication Plan

· No changes to medications during admission
· Changes to existing (preadmission) medications discussed with patient / carer: No
· Discharge medication list with action plan given to patient / carer: No

Discharge and Followup

· Discharge Destination: Home
· Discharged in Care of: Self

Document Contributors

Name: Thomas Hooper (Medical Student) Last Edited: 28/09/2021 09:59

Author: Michael Giles (Resident Medical Officer)

Signature:
Date & Time: 28/09/2021 10:01