

Hospitality Healing Stewardship Respect

# **ED Discharge Summary to GP and Specialist**

GP Name: Dr Nadia Laeeg

Practice

Group: Florey Medical Centre

Address: 19-21 Kesteven Street Florey ACT 2615

Ph:0262591444 Fax:0262592027

Patient Name:	Rado Faletic	Gender:	M
DoB:	11/02/1976	URN:	19186684
Mobile:	0414778087	Home Phone:	0414778087
Carer Name:	Heather Faletic	Relationship:	Wife / Female Partner
Mobile:	0422770587	Home Phone:	0422770587

Note: Consent to provide information was obtained

Dear Dr Nadia Laeeq,

Your patient Rado Faletic presented to Calvary Emergency Department at 11/11/2021 2:02:00 PM and was discharged to Home Non adm visit on 11/11/2021.

# Discharge Diagnosis:

Chest pain - unknown cause

# **Clinical Assessment:**

45M presented with 2 days of intermittent, sharp, non-pleuritic left sided chest pain, onset several hours after 2nd Pfizer vaccine.

- Since 2nd dose of vaccine has also experienced fatigue, episodes of dizziness, clumsiness, and also a "dull" sensation in bilateral hands (which had resolved on presentation).
- Has recently had pain in left posterior thigh and calf, persisting following fall off bike 3 weeks ago when hit posterior thigh on bike seat, developed a large bruise afterwards.
- Nil associated shortness of breath or cough
- Nil febrile symptoms

# O/E

- RR 17, SpO2 99% on RA, Chest clear
- HR 90, BP 130/100, HSDNA, nil peripheral oedema
- GCS 15, ULN/LLN grossly normal tone/power/coordination/sensation/reflexes
- T 36.5, abdo soft non-tender, mild tenderness L posterior thigh, calves soft non-tender, nil lower limb swelling or erythema

# ECG

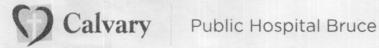
- Sinus rhythm nil ischaemic changes

# Bloods

- Hb 150, WCC 5.8, CRP 5.5
- Trop <2
- XDP 1.22

### COVID PCR

- Results pending



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- Chest pain - unknown cause

- The elevated XDP was thought to be not significant, likely secondary to recent bruising in the left thigh, with no clinical evidence of DVT.

#### **Procedure and Treatment:**

Observation Investigation

Regular Medication Remains Unchanged: Yes

# Discharge and Follow-up Plan:

- Please isolate until you receive notification about the results of your COVID tests

- If your chest pain is persistent, becomes worse, or you have concerns about any further symptoms please return to ED for medical assessment.

# Investigations:

CUMULATIVE R	EPORT		
Reg No: N	143497		
Date: 11	/11/21		
Time:	14:30		
Hosp.:	CAL	Units	Ref Range
BLOOD COUNT			
Hb	150	g/L	135-180
WCC	5.8	x10^9/L	4.0-11.0
Plat	319	x10^9/L	150-400
RCC	5.36	x10^12/L	4.30-6.50
HCT	0.43	L/L	0.40-0.53
MCV	80	fL	80-96
MCH	27.9	pg	27.0-33.0
MCHC	347	g/L	320-360
RDW	13.4	%	11.0-14.5
White Cell D			
Tot Neut	3.03	x10^9/L	1.8-7.5
Neut	3.03	x10^9/L	1.8-7.5
Lymph	1.95	x10^9/L	1.2-4.0
Mono	0.59	x10^9/L	0.10-1.0
Eos	0.17	x10^9/L	0.00-0.7
Baso	0.06	x10^9/L	0.00-0.2
Dabo	0.00		
Request No:	N143497		
	11/11/21		
Time:			
Hospital:		Unit	s Ref Range
nospicar.		 	
Fasting:	Unknown		
rasting.	Ollinia mi		
Sodium	140	mmol	
Potassium	4.2	mmol	
Chloride	107	mmol	
Bicarbonate	23	mmol	
Anion Gap	14	mmol	/L 8-16
	4.2	mmol	/L 3.4-9.0
Urea Creatinine	85	umol	/L 60-110
creatinine	0.5		

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Est. of GFR	>90	* >90
	6.2H	mmol/L 3.5-5.5
Glucose Osmol-calc TropI (hs)		mOsm/kg 280-300
	290	
	<2	ng/L <26
CRP	5.5	mg/L <6.0
Haemolysis Ind	ex	
Haemolysis	0.42	

D-Dimer or Cross Linked Fibrin Degradation Products (XDP) 1.22 mg/L FEU (0.00-0.50)

\* An elevated D-Dimer result may occur with thrombosis, but is not XDP diagnostic. Increased levels are also seen as an indication of reactive fibrinolysis in variety of conditions, including sepsis, and post operative state.

CUMULATIVE REPORT Request No: N143497
Date: 11/11/21
Time: 14:30

Units Ref Range CAL Hospital:

COAGULATION PROFILE 1.22H

mg/LF 0.00-0.50

Clinician: Robert Callan

Designation: ED Medical Officer

Signature:

Date: 11/11/2021 5:01:14 PM

If you require further information about the patient, you may contact the ED Department on 6201 6208 or GP Liaison Unit on 6201 6895

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