

ED Discharge Summary to GP and Specialist

GP Name: Dr Nadia Laeeq

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

Imp:

- 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 REPORT

Req No: N143497
Date: 11/11/21
Time: 14:30
Hosp.: CAL

		Units	Ref Range
BLOOD COUNT			
Hb	150	g/L	135-180
WCC	5.8	$\times 10^9/L$	4.0-11.0
Plat	319	$\times 10^9/L$	150-400
RCC	5.36	$\times 10^{12}/L$	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 Differential			
Tot Neut	3.03	$\times 10^9/L$	1.8-7.5
Neut	3.03	$\times 10^9/L$	1.8-7.5
Lymph	1.95	$\times 10^9/L$	1.2-4.0
Mono	0.59	$\times 10^9/L$	0.10-1.0
Eos	0.17	$\times 10^9/L$	0.00-0.7
Baso	0.06	$\times 10^9/L$	0.00-0.2

Request No: N143497
Date: 11/11/21
Time: 14:30
Hospital: CAL

		Units	Ref Range
Fasting: Unknown			
Sodium	140	mmol/L	135-145
Potassium	4.2	mmol/L	3.5-5.2
Chloride	107	mmol/L	95-110
Bicarbonate	23	mmol/L	22-32
Anion Gap	14	mmol/L	8-16
Urea	4.2	mmol/L	3.4-9.0
Creatinine	85	umol/L	60-110

Est. of GFR >90
Glucose 6.2H
Osmol-calc 290
TropI (hs) <2
CRP 5.5
Haemolysis Index
Haemolysis 0.42

* >90
mmol/L 3.5-5.5
mOsm/kg 280-300
ng/L <26
mg/L <6.0

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

XDP * An elevated D-Dimer result may occur with thrombosis, but is not 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
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Hospital: CAL

Units Ref Range

Hold Y
COAGULATION PROFILE
XDP 1.22H

mg/LF 0.00-0.50

Clinician: Robert Callan

Signature: 

Designation: ED Medical Officer

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