

**Discharge Referral Notes**

Kalanni first presented to ED at TVH on 08/03/25 with a sore throat, subjective fevers and a productive cough. Investigations revealed an Influenza B infection with a likely super imposed LLZ pneumonia. She was initially admitted to the ward and commenced on IV Ceftriaxone and Azithromycin. On 10/03/25 she was referred to ICU due to significant oxygen requirement via HFNP to maintain saturations. She required intubation at 8AM of 11/03/25 due to ongoing progressive oxygen requirement despite maximal therapies. She required transfer to GCUH ICU for ongoing cares and VV ECMO under the care of Dr Martinez.

On the 18/03 her antimicrobials were ceased. She was transferred back to TVH from GCUH on 19/03. On the 20/03 She was transitioned from HFNP to LFNP O2 - LFNP with intervals of CPAP for transient desaturations. On the 21/03: She was 2x assist to stand with PT, with short episodes of desaturation with no increased respiratory effort which self-resolved. Kalanni was transferred to the ward for ongoing monitoring and rehabilitation with physiotherapy. She was also kindly seen by our Psychiatry team who provided trauma focussed CBT introduction and a referral to outpatient psychology.

She has largely remained medically stable, however she does have ongoing LFT derangement and will require ongoing rehabilitation and CBT. Please see below for the discharge plan and summary of her presentation.

**Discharge Plan:****1. Medications:****- New:**For pain relief, please take:

Paracetamol 500mg, 2 tabs up to 4 times daily while pain persists

Ibuprofen 400mg, 2 tabs up to 3 times daily while pain persists

For Shortness of Breath:

Recommend Salbutamol 6 puffs every 4 hours as required

**- Continued:**

Continue all regular medications listed on admission.

**2. Specialist follow up:**

Please keep all upcoming specialist appointments as arranged

**3. Patient to please follow up with your GP within one weeks' time:**

GP to kindly note above presentation to the TVH with attached investigations and pathology.

GP to please monitor for clinical resolution and treat as appropriate

GP to please monitor LFTs in the community and ensure they are down-trending.

Please consider a MHCP for ongoing psychological support should Kalanni require it

**Thank you for your ongoing care of this patient**

**4. If you have any concerns or your symptoms resume or worsen, please present to your GP, nearest ED or call 000.**

For pathology enquiries or results: Contact Pathology North at The Tweed Valley Hospital on 02 6677 3673

For imaging enquiries or results: Contact Queensland Diagnostic Imaging at The Tweed Valley Hospital on 02 6620 2440

For other clinical enquiries: Contact through the Tweed Valley Hospital switchboard on 02 6677 2000

**Summary of Admission:****Synopsis:**