

Amy Law | DOB: 29-Jul-1988 | IHI: 8003 6010 3214 9911

Amy Law

Discharge Summary - 27th November 2024

Discharge Summary

27-November-2024

Ms. Amy LAW DoB 29-July-1988 (36 years) SEX Female Individual Healthcare Identifier (IHI) 8003 6010 3214 9911

Start of document

THE ROYAL MELBOURNE HOSPITAL

Author Details
Discharge To

Mark Putland (Emergency Medicine Specialist)
Other (includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))

Event

Details of the subject of care's stay in a healthcare facility which instigated the creation of the discharge summary.

Problems/Diagnoses This Visit (Event > Problems/Diagnoses This Visit)

1

Clinical Synopsis (Event > Clinical Synopsis)

- Lidia Samcewicz-Parham, Registrar - 27/11/2024 11:24 PM AEDT
Formatting of this note is different from the original.
Images from the original note were not included.

Patient Details
UR# 10182156
Name: Amy Law
DOB: 29/7/1988 Gender: female
Address: 6 Harrison St
Brunswick East,Victoria 3057
Contact No: Home Phone: 0402745640
Work Phone:
Mobile Phone: 0402745640
Email: amzlaw@hotmail.com

Discharge Summary: Emergency Department - Observation Medicine

Presentation details

Presentation Date: 27/11/2024 Discharge Date: 27/11/24
Intention to Readmit: No Discharged To: Home
Unit: Emergency [105] Consultant: Mark Putland, Consultant

Discharge Management Plan (Recommendations)

Action Person Responsible

Plan:

- monitor symptoms
- trial simple analgesia (paracetamol and ibuprofen - however ensure you have a break after 5 days, for a few days)
- to see GP if ongoing, GP to please consider expediting MRI Brain, but organising through community imaging
- continue with follow-up --> Holter and TTE as planned

Presenting Problem and Discharge Diagnosis

Neurological

Discharge Diagnosis:

<principal problem not specified>

Clinical Summary/Issues/Progress

Amy represented with ongoing headache and a pre-syncopal episode.

This is on the background of a recent similar presentation.

She had a CTB which was normal - with no hydrocephalous or obvious tumour.

ECG and postural blood pressure were also reassuring.

We have discharged her with the plan above.

Allergies/Adverse Reactions

Allergies

Allergen Reactions

Ibuprofen Anaphylaxis

Blood results

FBE Results For This Admission

Component Initial Maximum Minimum Discharge

Hb

(130-170 g/L) 133

27/11 133

27/11 133

27/11 133

27/11

WCC

(4.0-12.0 x10⁹/L) 8.3

27/11 8.3

27/11 8.3

27/11 8.3

27/11

NEUT

(2.0-8.0 x10⁹/L) 5.1

27/11 5.1

27/11 5.1

27/11 5.1

27/11

Platelets

(150-400 x10⁹/L) 343

27/11 343

27/11 343

27/11 343

27/11

U&E Results For This Admission

Component Initial Maximum Minimum Discharge

Na

(135-145 mMol/L)

K
(3.5-5.2 mMol/L)

Cl
(95-110 mMol/L)

HCO3
(22-32 mMol/L)

Urea
(4.0-9.0 mMol/L)

Cr
(60-110 uMol/L)

EGFR

LFT Results For This Admission
Component Initial Maximum Minimum Discharge
Albumin
(35-50 g/L)

Bilirubin
(<21 umol/L)

ALT
(<55 U/L)

AST
(<40 U/L)

Alk PO4
(30-110 U/L)

GGT
(<65 U/L)

CRP Results For This Admission
Component Initial Maximum Minimum Discharge
CRP
(<5.0 mg/L) 0.6
27/11 0.6
27/11 0.6
27/11 0.6
27/11

Glucose Results For This Admission
Component Initial Maximum Minimum Discharge
Glucose (mMol/L)

Thyroid Results For This Admission
Component Most recent
TSH
(0.35-4.94 mU/L) 1.53
27/11
T3
(2.6-6.0 pmol/L)

T4
(9.0-19.0 pmol/L)

Troponin Results For This Admission
Component Initial Maximum Minimum Discharge
Troponin I
(<26 ng/L) 3
27/11 3
27/11 3
27/11 3
27/11

Microbiology Results (60 Days)

No results found for the last 1440 hours.

Susceptibility Tests

No results found for the last 60 days.

Imaging Results

CT Brain

Result Date: 27/11/2024

CT HEAD

CLINICAL NOTES:

Daily headaches, presyncope, postural component worse on head forward
Rule out space-occupying lesions with mass effect/obstruction/IIH

TECHNIQUE:

Non-contrast CT brain

FINDINGS:

No evidence of acute intra or extra axial haemorrhage.
No space-occupying lesions or collections. No shift of midline structures.
Ventricular and sulcal calibres are age appropriate.
Grey-white matter differentiation is preserved.
Basal cistern and posterior fossa are unremarkable.
No calvarial or skull base fracture.
Orbits, paranasal sinuses and mastoid air cells are unremarkable.

CONCLUSION:

No evidence of acute intracranial pathology or space-occupying lesion.
If ongoing concern, MRI is recommended.

Electronically signed by

Dr Jiale Ou
FRANZCR
Everlight Radiology

Prescriptions Provided at Discharge

ED Prescriptions
None

Follow-up Appointments

Future Appointments

Date Time Provider Department Centre
19/3/2025 4:30 PM RMH PCR MRI 3T RMH Med Imag RMH Wards

No orders of the defined types were placed in this encounter.

Information provided to the patient

Recipients
Practice Principal Harding Street Medical Centre - General practice service
16 Harding Street
COBURG,Victoria 3058
Australia (inc External Territories)

Author: Lidia Samcewicz-Parham, Registrar
For access to Specialist Clinics referral information, Day Therapy, or Pathology & Radiology please phone (03) 9342 7000 (In an emergency call 000) and for further resources go to www.thermh.org.au

Electronically signed by Lidia Samcewicz-Parham, Registrar at 27/11/2024 11:24 PM AEDT

Medications

Therapeutic Goods which are/were prescribed for the patient or the patient has/had been taking.

Current Medications on Discharge (Medications > Current Medications on Discharge)

Not on file

Ceased Medications (Medications > Ceased Medications)

Not on file

Health Profile

Information pertaining to the health status or general health of the subject of care. Contains information related to the subject of care that is not specific to the healthcare encounter described by the discharge summary.

Adverse Reactions (Health Profile > Adverse Reactions)

Active Allergy	Reactions	Severity	Noted Date	Comments
Ibuprofen	Anaphylaxis	High	31/10/2024	

Plan

Describes the services requested for the subject of care and the recommendations to the recipient healthcare providers and/or the subject of care.

Record of Recommendations and Information Provided (Plan > Record of Recommendations and Information Provided)

- Lidia Samcewicz-Parham, Registrar - 27/11/2024 11:21 PM AEDT

Formatting of this note might be different from the original.
Imp: persistent headaches with 2x pre-syncopal episodes

CT B was n

Electronically signed by Lidia Samcewicz-Parham, Registrar at 27/11/2024 11:21 PM AEDT
Electronically signed by Lidia Samcewicz-Parham, Registrar at 27/11/2024 11:25 PM AEDT

Administrative Observations

Not on file

Administrative details

Encounter Details		Facility	
ENCOUNTER_DETAILS_TABLE		FACILITY_DETAILS_TABLE	
Admission Date	27-November-2024 15:48+1100	Name	THE ROYAL MELBOURNE HOSPITAL
Discharge Date	27-November-2024 23:33+1100	Work Place	300 Grattan Street, Parkville, VIC, 3050, Australia
Discharge To	Other (includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))	Department	RMH Emergency Department
Responsible Health Professional At Time Of Discharge			
RESPONSIBLE_HEALTH_PROFESSIONAL_AT_TIME_OF_DISCHARGE_TABLE			
Name	Mark Putland Consultant		
Work Place	300 Grattan Street, Parkville, VIC, 3052, Australia		
Patient details		Author Details	
Name	Ms. Amy LAW	Name	Mark Putland (Emergency Medicine Specialist)
Sex	Female	Organisation	THE ROYAL MELBOURNE HOSPITAL
Indigenous Status	Neither Aboriginal nor Torres Strait Islander origin	Work Place	300 Grattan Street, Parkville, VIC, 3052, Australia
Date of Birth	29-July-1988 (36 years)	Document details	Value
Individual Healthcare Identifier (IHI)	8003 6010 3214 9911		
Phone 1	+61-402-745-640 (Primary Home)		
Phone 2	+61-402-745-640 (Mobile Contact)		
Email	amzlaw@hotmail.com (Home)		
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		Completion code	Final

Footnotes

[1] documented in this encounter

End of document