

ChartH2P1

MRN: XXXXXXXX

XXXXXXXX, MD
Physician
Cardiology

Discharge Summary
Signed

Note Time: xx/xx/xxxx 11:09 AM
Creation Time: xx/xx/xxxx 11:09 AM

Physician Discharge Summary

Pt Name ChartH2P1

MRN: XXXXXXXX

Age: xx y.o. **DOB:**
xx/xx/xxxx

Admit date: xx/xx/xxxx 3:11 PM

Discharge date: xx/xx/xxxx

Primary Care Physician:

XXXXXXXX, MD
Address Removed
Phone: xxx-xxx-xxxx
Fax: xxx-xxx-xxxx

Allergies: Patient has no known allergies.

Admitting Physician: XXXXXXXX, MD

Discharge Physician: XXXXXXXX, MD

Admission Diagnoses: NSTEMI (non-ST elevated myocardial infarction) (HCC) [I21.4]

Discharge Diagnoses:

1. Late presentation of MI now s/p 2V CABG (LIMA-LAD and SVG-OM)
2. 2D echo xx/xx/xxxx with EF 45-50% (improved from Preop EF 40%)
3. Hypotension-improving
4. Post op AFib x several days
5. Leukocytosis

Hospital Course:

Ms. XXXXXXXX is a xx year old female who presented as transfer due to NSTEMI. She underwent cardiac cath on xx/xx/xxxx which showed severe distal LM and LAD/diagonal disease, mild LV dysfunction with severe antero-lateral hypokinesis- EF 40%. CT surgery was consulted and she underwent CABG x 2 (LIMA-LAD, SVG-OM) on xx/xx/xxxx. 2D echo post surgery did show some improvement of EF, with LV function 45-50%. Post op stay was complicated by Hypotension, AKI and low urine output, all of which have improved. However, she does remain mildly hypotensive at times (SBP 90s-100s), though asymptomatic. In addition, she went into post op Afib. She was started on amiodarone and oral anticoagulation with coumadin. CT surgery prefers use of coumadin for first 4 weeks post surgery. After that time, patient can be switched to DOAC if needed. She had no complaints of chest pain or SOB.

Significant Diagnostic Studies:

Hospital 2, Patient 1 (H2P1)

1. CXR xx/xx/xxxx stable, mild bibasilar opacities.
2. 2D echo xx/xx/xxxx showing 45-50%, small hematoma overlying RV but it is difficult to distinguish from pericardial fat, mild global hypokinesis, mod- severe TR

Disposition: to rehab

Patient Instructions:

Discharge Medications:

Your Current Medication List

acetaminophen (TYLENOL) 325 mg Oral tablet (Taking)	take 2 Tabs by mouth Every 6 hours as needed.
AMIODArone (PACERONE) 400 mg Oral tablet (Taking)	take 1 Tab by mouth Every 8 hours for 2 days.
AMIODArone (PACERONE) 200 mg Oral tablet	Starting on xx/xx/xxxx. take 1 Tab by mouth Daily.
aspirin 81 mg Oral tablet	Starting on xx/xx/xxxx. 1 Tab by chew and swallow route Daily.
atorvastatin (LIPITOR) 80 mg Oral tablet (Taking)	take 1 Tab by mouth Every evening.
docusate sodium (COLACE) 100 mg Oral capsule (Taking)	take 1 Cap by mouth 2 times daily.
metoprolol succinate XL 25 mg extended-release tablet (Taking)	take 1 Tab by mouth Daily.
pantoprazole (PROTONIX) 40 mg Oral tablet	Starting on xx/xx/xxxx. take 40 mg by mouth DAILY at 6AM.
polyethylene glycol (MIRALAX) 17 gram Oral packet	Starting on xx/xx/xxxx. take 1 Packet by mouth Daily.
warfarin (COUMADIN) 2.5 mg Oral tablet (Taking)	take 1 Tab by mouth Daily.
estrogens, conjugated, (PREMARIN) 0.625 mg/gram Vaginal crea (Taking)	by Vaginal route. As instructed

Follow-up information:

Follow-up Information

XXXXXXXX, MD. Schedule an appointment as soon as possible for a visit in 2 weeks.

Specialty: REFERRING

Contact information

Address Removed

xxx-xxx-xxxx

Please follow up.

Why: need labwork: bmp/cbc in 1 week; PT/INR on xx/xx/xxxx

Hospital 2, Patient 1 (H2P1)

XXXXXXXX, APN On xx/xx/xxxx.

Why: at 2pm

Contact information

Address Removed

Phone xxx.xxx.xxxx

XXXXXXXX, MD. Go on xx/xx/xxx.

Specialty: SURGERY,CARDIOTHORACIC

Why: @ 11:30 am.

Contact information

Address Removed

xxx.xxx.xxx

Additional Providers to receive this summary:

Signed:

XXXXXXXX, APN

xx/xx/xxx

11:09 AM