

MRN: 078-46-11

Patient Name: SPEARS, Brett Thomas
58 Bateau Bay Rd
BATEAU BAY, NSW 2261



Health
Central Coast
Local Health District

Ph: Email:
DOB: 22/01/1982 Age: 41 years Sex: Male
Attending Doctor: Wilkes, Nicholas Paul (Senior MO)
GP: MINGARA, Mingara Medical Centre (GP)

Gosford Hospital
Holden St
Gosford, NSW 2250 -
02 4320 2111

Visit Type: Inpatient

Admit Date: 14/01/2024

Dischg Date:

Discharge Summary

Discharge Referral Baseline (eMeds)

Patient: SPEARS, Mr Brett Thomas MRN: 078-46-11
Age: 41 years Sex: Male DOB: 22/01/1982
Associated Diagnoses: Cardiac syncope
Author: Leigh, Andrew (JMO)

Visit Information

Facility:	Gosford Hospital	
Admission Date:	14/01/2024	To be discharged: 17/01/2024
Medical Service:	Cardiology	Consulting Clinician:
Attending Medical Officer:	Wilkes, Nicholas Paul	
AMO Provider No.:	000267CY	Indigenous Status: Neither Aboriginal/Torres Strait Is
Local Medical Officer:	MINGARA, Mingara Medical Centre	
LMO Provider No.:		
LMO Address:	Mingara Medical Practice Unit 3/14 Mingara Drv, TUMBI UMBI, 2261	
LMO Phone:	0243023333	LMO Fax: 0243112693
Interpreter Required:	NO	Language spoken at home: English

Dear Dr Mingara Medical Centre MINGARA,

Thank you for reviewing Brett SPEARS a 41 year old male to be discharged on 17/01/2024 from J8 GOS at Gosford Hospital. Brett SPEARS presented to this facility with Pain, chest / ATRIAL FIBRILLATION AND FLUTTER.

Summary of Care

Admission dates: 14/01/2024 – 17/01/2024
Admitted under: Dr Nicholas Wilkes
Diagnosis: Syncope

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Page 1 of 8

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MRN: 078-46-11

Gosford Hospital

Patient Name: SPEARS, Brett Thomas

02 4320 2111

DOB: 22/01/1982 Age: 41 years Sex: Male

Discharge Summary

Summary of Care:

Mr Brett Spears is a 41 year old male that presented to Gosford Hospital on the 14/01/2024 following a syncope whilst playing cricket. He was noted to have palpitations and chest pain. His history is significant for paroxysmal atrial fibrillation known to Dr Wong. Given his chest pain, a mild troponin elevation and syncope he has had an angiogram that has shown only minor coronary artery disease. During his admission he also reverted to sinus rhythm prior to undergoing a cardioversion and thus has cleared for discharge home with a plan to follow up with Dr Wong (cardiologist) to review. Below is a summary of his admission and a plan for his discharge.

Issues managed during this Admission:

- #Vasovagal syncope in the setting of rapid atrial fibrillation
- Collapse while playing cricket, palpitations + chest pain
- Very brief period of CPR, quick recovery (vasovagal related, not cardiac arrest)
- Admitted with rapid atrial fibrillation rate 170
- ECG - HR 120, Mild ST depression V1-2
- Trop- 25->48->34
- ECHO Mod impair in setting of rapid ventricular rates
- Angio 15/1- Minor CAD (chest pain and syncope)
- Lipids, HbA1c attached below
- Planned to TOE/Cardioversion but reversion to sinus rhythm prior
- Discharged home on apixaban 5mg BD
- #Hypercholesterolaemia + dyslipidaemia
- Lipids attached
- Started on rosuvastatin 40mg

Plan:

1. Discharge home
2. Medications changes (full list below):
 - New
 - Rosuvastatin 40mg daily
 - Apixaban 5mg twice daily for AF
 - Ceased
 - Clonidine
 - Clenbutarol
3. Follow up with GP within the week.
 - GP to kindly review details of this admission
4. Follow up with Dr Wong (Cardiologist) in 3-4 weeks to review
5. Advised to re-present to hospital if you develop fevers, worsening pain, any major concerns or deterioration.

Kind Regards,
Dr Andrew Leigh
Resident on behalf of Dr Nicholas Wilkes
Cardiology Gosford Hospital

Presentation:

collapse at cricket

finished 24hour shift this morning
noted HR up to 160 on watch
noted HR >100 since Friday

palpitations + chest pain
chest pain feels like previous episodes

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Page 2 of 8

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Patient Name: SPEARS, Brett Thomas

DOB: 22/01/1982 Age: 41 years Sex: Male

Gosford Hospital

02 4320 2111

Discharge Summary

coffee this morning
no energy drinks
no recreational drugs

had clonidine 100mcg + tambicor 300mg to try bring HR down

walked onto pitch to bat
a few balls
then collapsed
off duty paramedic CPR
defib applied, non-shockable
recovered consciousness

family currently in process of selling house
had open house yesterday

Background:

paroxysmal AF (since 30yo)
- k/t Dr T. WONG (reviewed once)
HTN
asthma - on ventolin + symbicort
high BMI

Health Status

Principal and Other Diagnosis

Cardiac syncope : SNMCT 3786053018, Final, Medical.

Problems, Past History & Alerts

All Problems

Atrial fibrillation and flutter / 300130013 / Confirmed

Allergies and Adverse Reactions

Allergic Reactions (Selected)

Moderate

Ibuprofen- No reactions were documented.

Discharge Medications

Pharmacy will dispense up to 7 days' supply of medication on discharge (where required). Additional supply may be provided to meet the clinical needs of the patient and at public holidays to allow continued medication access.

Medications dispensed are intended to be taken from the time of discharge or as otherwise labelled.

Discharge Medications

The hospital may have supplied small quantities of new or changed medicines

Medication being taken on discharge

Apixaban (apixaban 5 mg oral tablet) 1 tab(s), Oral, Tablet, TWICE a day, Indication : AF

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Gosford Hospital

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Discharge Summary

Budesonide-formoterol (eformoterol) (Symbicort Turbuhaler 400/12 inhalation powder) 2 inhalation(s), Inhalation, Inhaler-Powder, TWICE a day, Patient Instructions : Rinse mouth with water after each use.

Flecainide (flecainide 100 mg oral tablet) 1 tab(s), Oral, Tablet, TWICE a day

Flecainide (flecainide 50 mg oral tablet) 1 tab(s), Oral, Tablet, TWICE a day

Metoprolol (metoprolol 50 mg oral tablet) 1 tab(s), Oral, Tablet, daily at night

Rosuvastatin (rosuvastatin 20 mg oral tablet) 2 tab(s), Oral, Tablet, daily at night

Salbutamol (salbutamol 100 mcg/inh pressurised inhalation) 2 puff(s), Inhalation, Aerosol, FOUR times a day, PRN for shortness of breath

Medication previously recorded that has not been reviewed during this visit

Nil

Medication ceased during this admission

Clonidine (clonidine 100 mcg oral tablet) CEASED

Unlisted medication (Clenbuterol tablets) CEASED

Vaccines administered during this visit

Nil

Results Review

General Results

All

16/01/2024 8:00 AEDT	Sodium	136 mmol/L
	Potassium	4.3 mmol/L
	Chloride	101 mmol/L
	Bicarb.	30 mmol/L
	Urea	5.9 mmol/L
	Creatinine	97 umol/L
	Anion Gap	9 mmol/L
	Estimated GFR (CKDEPI)	83 mL/min/1.73m2
	Albumin	45 g/L
	Ca	2.41 mmol/L
	Ca Corrected	2.32 mmol/L
	PO4	0.83 mmol/L
	Mg	0.97 mmol/L
	Cholesterol	6.7 mmol/L H
	Triglycerides	2.5 mmol/L H
	LDL Cholesterol	4.4 mmol/L H
	HDL Cholesterol	1.2 mmol/L
	Non-HDL Cholesterol	5.5 mmol/L H
	Cholesterol/HDL Cholesterol Ratio	5.6
	HbA1c (IFCC)	34 mmol/mol
	HbA1c (NGSP)	5.3 %

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Page 4 of 8

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Gosford Hospital

02 4320 2111

Discharge Summary

14/01/2024 13:53 AEDT

White Cell Count	5.8 x10 ⁹ /L
Haemoglobin	162 g/L
Platelet Count	254 x10 ⁹ /L
Red Cell Count	5.27 x10 ¹² /L
Hct	0.472 L/L
MCV	90 fl
Mean Cell Hb	31 pg
Mean Cell Hb Conc.	343 g/L
RDW	13.1 %
MPV	7.7 fl
Differential Status	AUTOMATED
Neutrophils	3.5 x10 ⁹ /L
Lymphocytes	1.7 x10 ⁹ /L
Monocytes	0.4 x10 ⁹ /L
Eosinophils	0.2 x10 ⁹ /L
Basophils	0.1 x10 ⁹ /L
Lipid Comment	Lipid Comment
Sodium	137 mmol/L
Potassium	4.1 mmol/L
Chloride	106 mmol/L
Bicarb.	23 mmol/L
Urea	4.8 mmol/L
Creatinine	94 umol/L
Anion Gap	12 mmol/L
Estimated GFR (CKDEPI)	86 mL/min/1.73m2
Troponin I (Abbott HS)	25 ng/L
TSH	0.59 mIU/L
Free T4	11.9 pmol/L
White Cell Count	8.5 x10 ⁹ /L
Haemoglobin	147 g/L
Platelet Count	210 x10 ⁹ /L
Red Cell Count	4.80 x10 ¹² /L
Hct	0.428 L/L
MCV	89 fl
Mean Cell Hb	31 pg
Mean Cell Hb Conc.	344 g/L
RDW	12.9 %
MPV	7.9 fl
Differential Status	Verified
Neutrophils	6.6 x10 ⁹ /L
Lymphocytes	1.2 x10 ⁹ /L
Monocytes	0.5 x10 ⁹ /L
Eosinophils	0.1 x10 ⁹ /L
Basophils	0.1 x10 ⁹ /L

(Modified)

Other Results

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Page 5 of 8

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Discharge Summary

MMode/2D Measurements & Calculations

IVSd: 1.0 cm LVIDd: 5.7 cm LVOT diam: 2.5 cm
LVIDs: 3.9 cm
LVPWd: 0.96 cm

Doppler Measurements & Calculations

Ao max PG: 3.0 mmHg
Ao mean PG: 2.1 mmHg
AVA(LA): 4.0 cm²

Left Ventricle

The left ventricle is normal in size. Normal left ventricular wall thickness. Left ventricular systolic function is moderately reduced. Ejection Fraction = 35-40%. Regional wall motion abnormalities cannot be excluded due to rapid AF.

Right Ventricle

The right ventricle is mildly dilated. Impaired RV.

Atria

The left atrium is mildly dilated. Volume/BSA = 37mL/msq. The right atrium is mildly dilated. The interatrial septum is intact with no evidence for an atrial septal defect.

Aortic Valve

The aortic valve is trileaflet. The aortic valve opens well. Thickened, mobile leaflets.

Mitral Valve

Thickened mobile leaflets. Mild mitral regurgitation.

Tricuspid Valve

The tricuspid valve is normal.

Pulmonary Valve

The pulmonary valve is normal in structure and function.

Great Vessels

The aortic root is normal size. Normal ascending portions of the thoracic aorta.

Pericardium/Pleural

The pericardium appears normal.

Additional Comments

16/01/2024

Mr Brett SPEARS 15/01/2024

Page 2 of 2

Verbal consent for performance of investigation.

Interpretation Summary

The left ventricle is normal in size. Moderate impairment of LV systolic function. Right ventricle is dilated and impaired. Bi atrial enlargement. Mild mitral regurgitation.

Result Type: Progress Note Medical
Result Date: 15 January 2024 16:14 AEDT
Result Status: Auth (Verified)

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Page 6 of 8

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Gosford Hospital

02 4320 2111

Discharge Summary

Result Title: CARDIAC CATHETERISATION REPORT
Performed By: Redwood, Eleanor (JMO) on 15 January 2024 16:14 AEDT
Verified By: Redwood, Eleanor (JMO) on 15 January 2024 16:14 AEDT
Encounter info: Gosford, Inpatient, 14/01/2024 -

CARDIAC CATHETERISATION REPORT

Patient: SPEARS, Mr Brett Thomas MRN: 078-46-11
Age: 41 years Sex: Male DOB: 22/01/1982
Associated Diagnoses: None
Author: Redwood, Eleanor (JMO)

Progress Note

CARDIAC CATHETERISATION REPORT

Name: SPEARS, Brett Sex: MALE Proc. Date: 15/01/2024

MRN 78-46-11 DOB: 22/01/1982 Age: 41
Ht: 185 cm Wt: 133 kg Study ID: 2-72/24
GP: Mingara Medical Medical Centre - THEORET, Jonathan
Referring Dr: Dr Nicolas Wilkes cc report to:

PROCEDURES
(High Risk) Angiogram

OPERATORS

Physician: Said, Christian Dr, Redwood, Eleanor Dr
Nursing Staff: Wagstaff, Emily RN, Yates, Madelene RN Howarth, Jessica RN Geale, Andrew RN
Radiographer: Hayes, Jack Rad

INDICATIONS

High Risk Group. Symptoms: Syncope. ACS - NSTEMI Troponin 48. Cardiomyopathy / Heart failure - EF 35% + LV moderate impairment - dialted RV

Patient Verification: After the risks of the procedure were explained, informed consent was obtained.
Access: Terumo 6 Fr Glidesheath Slender. right radial artery number of punctures: 1

RESULTS

DOMINANCE: Right dominant

LEFT MAIN:

Widely patent

LEFT ANTERIOR DESCENDING ARTERY:

Large calibre vessel with mild irregularities. Diagonals are patent.

LEFT CIRCUMFLEX ARTERY:

Large calibre non- dominant vessel with mild irregularities. A high rising first marginal was large calibre with mild irregularities.

RIGHT CORONARY ARTERY:

Large calibre dominant vessel with mild irregularities

COMPLICATIONS

Nil complications

CONCLUSIONS

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Page 7 of 8

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Gosford Hospital

02 4320 2111

Discharge Summary

Mild, non- obstructive coronary artery disease

RECOMMENDATIONS

Medical management

Signed By Said, Christian Dr On 15/01/2024 4:13:28 PM

Said, Christian Dr

Discharge Information

Appointments on Discharge

Clinic Appointments

Date and Time	Location	Type
17/JAN/24 11:30	Gosford	GOS Diag Card - TOE
23/JAN/24 08:00	Central Coast Community H	CC AC Cardiac Rehab

Nursing and Allied Health assessment at discharge information has not been entered for this patient, during this visit

Activities of Daily Living at Transfer of Care information has not been entered for this patient, during this visit

Aged Care and Nursing Transfer information has not been entered for this patient, during this visit

Allied Health assessment information at transfer of care has not been entered for this patient, during this visit

Performed by
Dr. Andrew Leigh (JMO); Medical Officer

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Page 8 of 8

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