

Discharge Summary (Finalised)
10 May 2023

JASON BROWN

DoB 20 Apr 1989 (34 years)

SEX Male

IHI 8003 6010 5858 8034

MRN 8121452

Start of Document

Princess Alexandra Hospital

Author Daniel COOL (Health Professionals nfd)
Phone (07) 3176 2111
Discharge To Usual Residence/Other
Discharge From W3C
Length of stay 8 day/s



Queensland Government

Event

Details of stay

Problems/Diagnoses This Visit

Reason for Admission/Presenting Problems

Out of hospital cardiac arrest

Principal Diagnosis

Cardiac Arrest

Secondary Diagnosis

Date	Problem	Comments
2023	APO - Acute pulmonary oedema	

Complications

Nil Entered

Clinical Summary

Registrar

Nil Entered

Consultant

DR PAUL ASHLEY GOULD

Admission Source

Emergency Department

Reason for Discharge

Nil Entered

Inpatient Clinical Management

Out of hospital VF arrest
- preceded by chest pain
- 9 minutes down time, 1x shock
- post ROSC ECG inferolateral STE --> resolved prior to ED
- initial TTE - Normal LV size with severe systolic dysfunction. LVEF ~20-25%. Normal RV size with reduced systolic function. Mild TR.
Estimated RVSP ~28mmHg (assuming RAP ~8mmHg).
- angiogram 11/05 – angiographically normal coronary arteries
- ICD implanted 18/05
Lymphocytic myocarditis
Angiogram performed with balloon pump insertion and myocardial biopsy
-Mild lymphocytic myocarditis on histopathology.
Aspiration
- ETT m/c/s - Gram neg. bacilli 1+, Gram pos. cocci scant
- piptaz since 12/05, step down to po 16/5
- resolved
Follow up at PAH - Dr Korczyk 3/12 (general clinic)
Follow up in ICD clinic 6 weeks + remote monitoring

Procedures

Description	Date	Consultant
Electrophysiology GP Report	18-May-2023	GOULDPAU
CI CATH Coronary Angiogram Diagnostic	11-May-2023	Camuglia, Anthony

Diagnostic Investigations

Pathology Test Result

Investigation	Chemistry 20 Analytes
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Order Date17-May-2023 (Date Requested)

Order Number3400106070

Specimen TypeBlood

Specimen Collected18-May-2023 10:23

Investigation StatusFinal

Observation	Value	Result	Units	Ref. Range	Status
Sample Appearance	Clear				Final
Sodium	140	N	mmol/L	135 - 145	Final
Potassium	4.5	N	mmol/L	3.5 - 5.2	Final
Chloride	106	N	mmol/L	95 - 110	Final
Bicarbonate	23	N	mmol/L	22 - 32	Final
Anion Gap	11	N	mmol/L	4 - 13	Final
Osmolality (Calculated)	296	H	mmol/L	275 - 295	Final
Glucose	4.8	N	mmol/L	3.0 - 7.8	Final
Glucose - fasting RR	-->	N		3.0 - 6.0	Final
Urea	5.7	N	mmol/L	2.1 - 7.1	Final
Creatinine	68	N	umol/L	60 - 110	Final
Urea/Creat	83	N		40 - 100	Final
Urate	0.29	N	mmol/L	0.15 - 0.50	Final
Protein (Total)	64	N	g/L	60 - 80	Final
Albumin	34	L	g/L	35 - 50	Final
Globulin	30	N	g/L	25 - 45	Final
Bilirubin (Total)	22	H	umol/L	< 20	Final
Bilirubin (Conj.)	7	H	umol/L	< 4	Final
Alkaline Phosphatase	88	N	U/L	30 - 110	Final
Gamma-GT	60	H	U/L	< 55	Final
Alanine Transaminase	53	H	U/L	< 45	Final
Aspartate Transaminase	17	N	U/L	< 35	Final
Lactate Dehydrogenase	246	N	U/L	120 - 250	Final
Calcium	2.23	N	mmol/L	2.10 - 2.60	Final
Calcium (Alb. Corr.)	2.35	N	mmol/L	2.10 - 2.60	Final
Phosphate	0.91	N	mmol/L	0.75 - 1.50	Final
Magnesium	0.74	N	mmol/L	0.70 - 1.10	Final

Pathology Test Result

InvestigationFull Blood Count

Order Date17-May-2023 (Date Requested)

Order Number3400106070

Specimen TypeBlood

Specimen Collected18-May-2023 10:23

Investigation StatusFinal

Observation	Value	Result	Units	Ref. Range	Status
Haemoglobin	145	N	g/L	135 - 180	Final
White Cell Count	9.7	N	x 10^9/L	4.0 - 11.0	Final
Platelet Count	183	N	x 10^9/L	140 - 400	Final
Haematocrit	0.42	N		0.39 - 0.52	Final

Observation	Value	Result	Units	Ref. Range	Status
MCH	28.9	N	pg	27.0 - 33.0	Final
Red Cell Count	5.01	N	x 10 ¹² /L	4.50 - 6.00	Final
MCV	84	N	fL	80 - 100	Final
Neutrophils	7.36	N	x 10 ⁹ /L	2.00 - 8.00	Final
Lymphocytes	1.47	N	x 10 ⁹ /L	1.00 - 4.00	Final
Monocytes	0.69	N	x 10 ⁹ /L	0.10 - 1.00	Final
Eosinophils	0.13	N	x 10 ⁹ /L	< 0.60	Final
Basophils	0.03	N	x 10 ⁹ /L	< 0.20	Final

Pathology Test Result

Investigation	Chemistry 20 Analytes				
Order Date	14-May-2023 (Date Requested)				
Order Number	6104337179				
Specimen Type	Blood				
Specimen Collected	15-May-2023 08:09				
Investigation Status	Corrected				
Observation	Value	Result	Units	Ref. Range	Status
Sample Appearance	Clear				Final
Sodium	138	N	mmol/L	135 - 145	Final
Potassium	4.5	N	mmol/L	3.5 - 5.2	Final
Chloride	103	N	mmol/L	95 - 110	Final
Bicarbonate	19	L	mmol/L	22 - 32	Final
Anion Gap	16	H	mmol/L	4 - 13	Final
Osmolality (Calculated)	294	N	mmol/L	275 - 295	Final
Glucose	3.9	N	mmol/L	3.0 - 7.8	Final
Glucose - fasting RR	-->	N		3.0 - 6.0	Final
Urea	8.0	H	mmol/L	2.1 - 7.1	Final
Creatinine	75	N	umol/L	60 - 110	Final
Urea/Creat	107	H		40 - 100	Final
Urate	0.19	N	mmol/L	0.15 - 0.50	Final
Protein (Total)	75	N	g/L	60 - 80	Final
Albumin	39	N	g/L	35 - 50	Final
Globulin	36	N	g/L	25 - 45	Final
Bilirubin (Total)	38	H	umol/L	< 20	Final
Bilirubin (Conj.)	13	H	umol/L	< 4	Final
Alkaline Phosphatase	91	N	U/L	30 - 110	Final
Gamma-GT	82	H	U/L	< 55	Final
Alanine Transaminase	87	H	U/L	< 45	Final
Aspartate Transaminase	37	H	U/L	< 35	Final
Lactate Dehydrogenase	320	H	U/L	120 - 250	Final
Calcium	2.45	N	mmol/L	2.10 - 2.60	Final
Calcium (Alb. Corr.)	2.47	N	mmol/L	2.10 - 2.60	Corrected
Phosphate	1.29	N	mmol/L	0.75 - 1.50	Final
Magnesium	0.82	N	mmol/L	0.70 - 1.10	Final

Pathology Test Result

Investigation	Full Blood Count				
Order Date	14-May-2023 (Date Requested)				
Order Number	6104337179				
Specimen Type	Blood				
Specimen Collected	15-May-2023 08:09				
Investigation Status	Final				
Observation	Value	Result	Units	Ref. Range	Status
Haemoglobin	160	N	g/L	135 - 180	Final
White Cell Count	15.1	H	$\times 10^9/L$	4.0 - 11.0	Final
Platelet Count	218	N	$\times 10^9/L$	140 - 400	Final
Haematocrit	0.47	N		0.39 - 0.52	Final
MCH	28.6	N	pg	27.0 - 33.0	Final
Red Cell Count	5.59	N	$\times 10^{12}/L$	4.50 - 6.00	Final
MCV	84	N	fL	80 - 100	Final
Neutrophils	12.26	H	$\times 10^9/L$	2.00 - 8.00	Final
Lymphocytes	1.82	N	$\times 10^9/L$	1.00 - 4.00	Final
Monocytes	0.77	N	$\times 10^9/L$	0.10 - 1.00	Final
Eosinophils	0.17	N	$\times 10^9/L$	< 0.60	Final
Basophils	0.05	N	$\times 10^9/L$	< 0.20	Final

Imaging Examination Result

Medical Imaging	
Investigations	XR Chest
Date	19-May-2023 09:28
Report Issued Date	19-May-2023 09:38
Reported by	JOHN COUCHER
Status	Final
Report	
XR CHEST	
CLINICAL NOTES	
Day 1 PPM Insertion.	
FINDINGS	
Left sided ICD is in satisfactory position with both leads intact and in situ. The heart size and mediastinal contours are within normal limits. Both lungs are clear with no evidence of confluent consolidation, cardiac failure or pleural collection.	
Reported by: Dr. John Coucher	
Radiologist: Dr COUCHER, JOHN RICHARD SMO RAD	
Signed: 25-MAY-2023 17:18	
Transcribed: 25-MAY-2023 17:18	
Transcriptionist: LS	
Investigations	Transthoracic Echocardiography
Date	11-May-2023 12:08
Report Issued Date	11-May-2023 19:22
Reported by	Dahiya Arun
Status	Final
Report	
The report is not available in discharge summaries, but it can be viewed in The Viewer by authorised QH staff. If you require a copy of the results please contact the hospital	
Investigations	XR Chest Mobile, XR Chest Mobile
Date	11-May-2023 17:22
Report Issued Date	12-May-2023 09:20
Reported by	CRISHAN HARAN
Status	Final
Report	
XR CHEST MOBILE	
CLINICAL NOTES	
out of hospital cardiac arrest with cardiogenic shock. IABP placement. Aspiration pneumonia	
FINDINGS	
Reference to the chest radiograph performed earlier in the day.	
Supine mobile chest 11/5/2023:	

Report

Interval insertion of an intra-aortic balloon pump with the tip at the AP window. Interval insertion of a right-sided jugular venous line with the tip in the proximal SVC. The ETT and NGT remain appropriately positioned. Diffuse perihilar air space opacities bilaterally are similar in appearance to the radiograph performed earlier in the day. No pleural effusion or pneumothorax. Supine mobile chest 12/05/2023:

Stable position of the lines and support tubes. The intra-aortic balloon pump remains appropriately positioned at the AP window. Persistent bilateral perihilar air space opacities, unchanged relative to prior imaging. Interval development of subtle peripheral septal lines raises the possibility of superadded positive fluid balance. No pneumothorax.

Reported by: Dr. Crishan Haran, radiology registrar

Radiologist: Dr HARAN, CRISHAN VASU REG RAD

Signed: 12-MAY-2023 10:47

Transcribed: 12-MAY-2023 10:47

Transcriptionist: CVH

Investigations XR Chest, CT Face, CT Head+Spine Cervical

Date 11-May-2023 11:12

Report Issued 11-May-2023 12:03

Date

Reported by CRISHAN HARAN

Status Final

Report

CT HEAD, CERVICAL SPINE AND FACE, XR CHEST

CLINICAL NOTES

34M VF arrest out of hospital with ROSC, collateral reports fall from standing onto face

TECHNIQUE:

Noncontrast CT head, cervical spine and face

Total DLP is 974 mGycm.

FINDINGS:

No relevant prior imaging available for comparison at the time of reporting.

Head and face:

No intracranial haemorrhage. The ventricles, basal cisterns and sulcal impressions are age appropriate. No midline shift, trans-spatial or tonsillar herniation. Grey-white matter differentiation is preserved. The posterior fossa and cerebellopontine angles are unremarkable. Generalised hyperdensity of the cerebral vasculature is favoured secondary to dehydration. Normal globes and orbits. Minor mucosal thickening of the paranasal sinuses. The mastoid air cells are well pneumatized. No calvarial, facial or base of skull fracture.

Cervical spine:

No cervical spine fracture or spondylolisthesis. A lucent lesion in the C7 vertebra has an indolent appearance possibly reflective of a haemangioma. Preserved prevertebral soft tissue spaces.

ETT and NGT in situ. Secretions fill the pharynx in keeping with the patient intubated status.

The thyroid and salivary glands are unremarkable. No enlarged cervical or supraclavicular lymph nodes.

Consolidation involving the posterior aspect of the bilateral lung apices with surrounding ground-glass opacification suggestive of aspiration pneumonia. No further concerning osseous lesion.

Supine chest:

The ETT tip is 65 mm above the carina on the final radiograph. Appropriately positioned NGT with the side hole in the expected position of the stomach. Patchy consolidation predominantly in a perihilar distribution consistent with aspiration/infection. No pleural effusion or pneumothorax. The cardiomeastinal contours are normal for projection. No acute displaced fracture.

CONCLUSION:

No acute intracranial pathology. Specifically, no intracranial haemorrhage.

No cervical spine fracture.

Pulmonary changes are suggestive of bilateral aspiration pneumonia.

Reported by: Dr. Crishan Haran, radiology registrar

Radiologist: Dr HARAN, CRISHAN VASU REG RAD

Signed: 11-MAY-2023 12:55

Transcribed: 11-MAY-2023 12:55

Transcriptionist: CVH

Investigations MR Cardiac+C

Date 17-May-2023 15:22

Report Issued 17-May-2023 15:47

Date

Reported by STANLEY NGAI

Status Final

Report

MR CARDIAC+C

CLINICAL NOTES

Assess cardiac viability. Presented for OOHVFA in the setting of lymphocytic myocarditis with 9min down time and 1x shock. post ROSC ECG inferolateral STE resolved prior to ED. Follow-up TTE showed improvement in LV function

TECHNIQUE:

Functional and viability protocol with IV Gadolinium.

FINDINGS:

MYOCARDIAL FUNCTION REPORT

Height: 178cm

Weight: 78kg

BSA: 1.96m2

Report

LEFT VENTRICULAR FUNCTION

ED Phase Used: Normal Values

ES Phase Used: Male Female

Absolute BSA Indexed Range Mean Range Mean

ED Volume (ml) 132 67 69-120 95 59-107 83

ES Volume (ml) 65 33 26-56 41 22-46 34

Stroke Volume(ml) 67 34 37-71 54 31-67 49

Ejection Fraction(%) 51% 47-67 57 48-70 59

LV ED mass (g) 89 45 39-73 56 27-57 42

Conventional four-chamber cardiac anatomy. The aortic root appears prominent at 30 mm. Main pulmonary artery measures 29 mm, at the upper limit of normal.

Slightly suboptimal image quality from gating artefact.

The left ventricle is of normal size, with normal indexed end diastolic volume. There is

reasonable left ventricle contractility, no regional wall motion abnormality. LVEF 51%.

Uniform thickness of left ventricle myocardium. No definite LV thrombus. Left ventricle outflow tract and LV trabeculation within normal limits.

No significant mitral or aortic valvular abnormality. Aortic valve appears trileaflet.

Right ventricular volume systolic function is within normal limits on visual assessment only.

No significant pericardial thickening or pericardial effusion.

No evidence of myocardial oedema.

On the delayed enhancement imaging, there is no significant abnormal late gadolinium enhancement in the left or right ventricular myocardium. No definite evidence of post ischaemic scarring or myocardial infiltration. No features to suggest active myopericarditis.

The average native T1 myocardial time is 995 +/- 85ms.

ECV is 22%, normal.

COMMENT:

1. Normal left ventricular volume. Reasonable left ventricle contractility, no regional wall motion abnormality. LVEF 51%, mildly reduced.

2. No definite abnormal myocardial LGE to suggest post ischaemic scarring or myocardial infiltration. No features to suggest active myopericarditis.

3. Right ventricular volume and systolic function is within normal limits on visual assessment.

Reported by: Dr. Stanley Ngai

Radiologist: Dr NGAI, STANLEY SHUNG-HO SMO RAD

Signed: 17-MAY-2023 18:15

Transcribed: 17-MAY-2023 18:15

Transcriptionist: SSN

Investigations Transthoracic Echocardiography

Date 12-May-2023 10:02

Report Issued 12-May-2023 10:57

Date

Reported by Dariusz Korczyk

Status Final

Report

The report is not available in discharge summaries, but it can be viewed in The Viewer by authorised QH staff. If you require a copy of the results please contact the hospital

Significant Other Investigations

Nil Entered

Health Profile

Previous Medical History

Nil Entered

Adverse Reactions

Agent Description	Reaction Description	Initial Reaction Date	Approx
No Known Allergies	Nil Entered		No

Alerts

No relevant alerts

Medications

Medications Section

Medications at Admission

Nil Entered

Current Medications On Discharge

No medication changes

Ceased Medications

Nil Entered

Plan

Services requested and recommendations to healthcare provider and/or subject of care.

Record of Recommendations and Information Provided

Recommendations to GP

No specific follow-up with GP is necessary

Recommendations to Patient

Nil Entered

Care Plan Summary

Nil Entered

Administrative Observations

Attending Clinician Statement

Although the discharge summary author is usually one of the clinicians responsible for the patient's care at the time of discharge, in some instances the author may not have been a treating clinician.

Confidentiality Statement

Should your patient experience any post-discharge complications related to this admission the hospital and relevant consultant would appreciate notification.

This document is a point in time summary based on information available to the discharging doctor. New or amended results may become available following discharge. If not involved in the care of this patient, please keep confidential and return to Health Information Management Services, Princess Alexandra Hospital, Ipswich Road, Woolloongabba, Qld 4102.

Administrative Details

Encounter Details		Value	Facility Details		Value
Admission Date		11 May 2023 11:36+1000	Name		Princess Alexandra Hospital
Discharge Date		19 May 2023 12:24+1000	Work Place		Ipswich Rd, Woolloongabba, QLD 4102, Australia
Discharge To		Usual Residence/Other	Phone		(07) 3176 2111 (Workplace)
Discharge From		W3C	FAX		(07) 3176 5600 (Workplace)
Responsible Health Professional		Value	Department		CARD
Name		DR PAUL ASHLEY GOULD			
Work Place		Ipswich Rd, Woolloongabba, QLD 4102, Australia			
Phone		(07) 3176 2111 (Workplace)			
FAX		(07) 3176 5600 (Workplace)			
Patient Details		Value	Author Details		Value
Name		JASON BROWN	Name		Daniel COOL (Health Professionals nfd)
Sex		Male	Organisation		Princess Alexandra Hospital
Date of Birth		20 Apr 1989 (34 years)	Work Place		Ipswich Rd, Woolloongabba, QLD 4102, Australia
IHI		8003 6010 5858 8034	Phone		(07) 3176 2111 (Workplace)
Local Identifiers		8121452 (URN)	Clinical Document Details		Value
			Document Type		Discharge Summary
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			Document Version		1
			Completion Code		Final

Participants

Name	Contact	Address	Organisation	Department
Dr James Alexander McDougall	Phone: (07) 5656 4800 (Workplace) Facsimile machine: (07) 5656 4890 (Workplace) Email:	Work Place: 21 Ashmore Road, Bundall, 4217, Australia	Bundall Medical Centre	

Name	Contact	Address	Organisation	Department
	bundall.mc@partneredhealth.com.au (Workplace)			

Primary Recipients

Name	Contact	Address	Organisation
BROWN, JASON	Phone: (0404) 313 214 (Workplace) Facsimile machine: (0404) 313 214 (Workplace)	Not Provided	

Secondary Recipients

Name	Contact	Address	Organisation
BROWN, JASON	Not Provided	No Fixed Address	My Health Record
Dr James Alexander McDougall	Phone: (07) 5656 4800 (Workplace) Facsimile machine: (07) 5656 4890 (Workplace)	Postal Address: 21 Ashmore Road, Bundall, 4217, Australia	

End of Document