Discharge Summary

Patient Details

Name: Linn Christopher Armour
Gender: Male
Address: 600 CHILDOWLA RD
BOOKHAM NSW 2582

Date of Birth: 04/04/1967
MRN: 611038
Phone: Mobile: 0457 913 686
Wk: 0457 913 686

Age: 57 y.o.

Hospital/Facility Details

Name	Address	Phone
Canberra Hospital	Yamba Dr Garran ACT 2605	02 5124 0000

Admission Details

Admission Date/Time	Discharge Date	Clinical Unit	Specialty	Consultant
17/05/2024 18:11		TCH 6A	Acute Medical Unit	Wong, Alfred

Discharge Destination

Length of Stay

Total Duration of Encounter
3 days

Discharge Summary

Recipients	Author	Date/Time
Hannah Burn-Petersen Old Linton Medical Practice 153 Comur Street / Yass NSW 2*	Jarrad Altimari	20/5/2024 6:31 PM

Problems and Diagnoses

Principal and Additional Diagnoses (managed this admission)	Principal Problem: Calcium blood increased Resolved Problems: nil
Complications	Other: Adverse reaction to Prazosin
Other Ongoing Medical Problems (not actively managed this admission)	Hypercalcaemia

Operating Theatre Procedures

Clinical Summary
Dear Dr Hannah Burn-Petersen

Thankyou for your ongoing care of Linn Christopher Armour, who is a 57 y.o. male, who was admitted to the The Canberra Hospital on the 17/5/2024, he was admitted for Calcium blood increased and acute kidney injury.

--HISTORY OF PRESENTING COMPLAINT--

- 6 weeks of generalised myalgias and arthralgia, improving 95%. Partner had similar symptoms at the time and she was told she had positive IgM for Ross river virus
- Has had 6 weeks of polyuria and polydipsia, with urgency but no dysuria. Urine is clear-yellow without and haematuria
- Some fatigue. No confusion or mood disturbance or hallucinations/psychosis - partner present and confirmed same.
- Abdominal pain chronically from IBS, unsure if any change given varies so much anyway
- Constipation, darker harder stool, passing stool still at variable frequencies with bowels opening this morning, at 1-2 day intervals
- Intermittent chest tightness associated with emotional stress and exertion, improved with breathing, no radiation to arms, no nausea, no palpitations. Does have some adhesion-related pain in the same area following large operation scar from MVA, but normally able to resolve this by stretching, which he has not been able to.
- Reports issues with swallowing - sensation of narrowing, however able to swallow solids and liquids still. No pain.
- Trialling a 'different, augmented NAC' for about 3 weeks before he became unwell
- Ivermectin 12mg /day for approximately 1.5 years now, with a pause for 2-3 weeks prior to this new illness. He has since resumed it.

CT KUB 16/5/24 at CIG
1. No hydroureteronephrosis. Bilateral non obstructive renal calculi and borderline splenomegaly.
2. Numerous small pulmonary nodules ?nature ?metastatic ?post inflammatory, no previous studies available for comparison. If this is not known, a CT chest recommended for further assessment.

-- HOSPITAL ISSUES --

#Hypercalcaemia
- Ongoing issue, currently known to endocrinology and immunology
- Likely related to CKD and use of bicarbonate
- Ongoing IV fluids and review for fluid status
- Monitoring of calcium and creatinine
- Downtrending
- Endocrinology review suggesting bisphosphonate's may be used

- Will need ongoing work-up (already undergoing)

#Ongoing CKD
- Known to renal
- EGFR reduced recently, creatinine high
- Creatinine has been up-trending over last few months

Bradycardia
- MET Call for Bradycardia
- Prazosin and Amlodipine withheld
- Impression: Multifactorial presyncopal episode (new antihypertensive medication - first dose of amlodipine and prazosin, postural change, micturition)

#Syncope + Bradycardic episode
- Episode occurred post prazosin
- MET called for bradycardia and hypotension post mobilising to bathroom, feeling of "dizziness"

First degree heart block and right bundle branch block
- Noted on admission ECG and persistent in new few ECGs
- Serial troponin normal
- Not associated with chest pain, does have history of exertional dyspnoea and chest tightness
- Discussed with cardiology: recommended outpatient Holter and TTE, to follow up with GP and consideration of cardiology referral if investigations abnormal

-- MEDICATION CHANGES --

No new medications
Change how you take:
- Recommend discussing with GP on antihypertensives

-- GP TO FOLLOW UP / DISCHARGE ISSUES: --

1. Please see your GP in 1-2 weeks for a post discharge review of your ongoing recovery, and referral for follow-up if needed;
    a. Please see your GP for discussion if medication may be beneficial for your blood pressure control, we recommend you take postural blood pressure readings before commencing medication
    b. It would be greatly appreciated if your regular GP could chase the autoimmune screen sent whilst inpatient, results pending on discharge
    c. GP to refer for TTE and Halter monitor, and further cardiology follow-up if results abnormal
2. Please note on discharge we recommend you continue to follow-up with your endocrinology/haematology specialist as previously scheduled
3. Await confirmation of skeletal survey as ordered by Endocrinology

Please do not hesitate to contact us on 02 5124 0000 should you have any questions,

Kind regards,
Medical Team
The Canberra Hospital

Medications on Discharge

Medication List

You have not been prescribed any medication.

Allergies

Allergen	Reactions
• Covid-19 Vaccine Pfizer *Along with deranged calcium levels.*	Decreased renal function, Muscle cramp and Sinusitis
• Prazosin *Dizziness, hypotension & bradycardia*	Syncope

Alerts

Patient Infection Status

None to display

Booked Follow Up Appointments and Waiting List Entries

This information is accurate at the time of writing but is subject to change. Please check your MyDHR account or contact the relevant department to get the most up to date information.

Future Appointments

Date	Time	Provider	Department	Centre
9/7/2024	10:20 AM	Fathima Ayyalil	CRCC L2 HAEM	CRCC
31/7/2024	1:30 PM	Tim Greenaway	TCH DIABETES	TCH
11/9/2024	11:20 AM	Timothy West	CRCC IMMUNOL	CRCC

Information Provided to the Patient

Other Instructions

Discharge Instructions

Recommendations

Medications:

1. No new medications

Change how you take:

2. Recommend discussing with GP on antihypertensives
3. Please take simple pain relief as needed: you can take 1gram of panadol every 6 hours.

Follow-up:

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Safety & Advice:

- Seek medical attention urgently if you feel unwell are concerned or experience any of the following: fevers, worsening pain; chest pain, chest tightness, shortness of breath or worsening cough that is different from your regular cough. Either visit your GP or return to emergency department where we will reassess you.

If you have any questions or concerns, please do not hesitate to contact us.

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Along with deranged calcium levels.

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  Dizziness, hypotension & bradycardia

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Selected Investigation Results
Haematology and Chemical Pathology
Results

Pathology	Units	20/09/23 09:37	17/05/24 12:42	17/05/24 19:04	17/05/24 23:05	18/05/24 09:25	18/05/24 16:38	19/05/24 00:38	19/05/24 06:46	20/05/24 08:36
HAEMOGLOBIN	g/L	157	< >	134*	--	125*	--	118*	111*	121*
WBC AUTO	x 10*9/L	3.7*	< >	5.8	--	5.2	--	6.9	4.8	5.2
PLATELETS AUTO	x 10*9/L	184	< >	222	--	185	--	216	178	186
TROPONIN I	ng/L	--	< >	--	13	8	10	9	8	--
CRP	mg/L	0.5	--	--	--	1.0	--	0.9	0.9	0.9

< > = values in this interval not displayed.

Results

Pathology	Units	19/05/24 06:46	19/05/24 14:41	20/05/24 08:36
SODIUM	mmol/L	140	141	141
POTASSIUM	mmol/L	4.6	4.6	4.9
CHLORIDE	mmol/L	111*	109	110
CO2	mmol/L	22	25	25
CREATININE	umol/L	270*	266*	266*
EGFR	mL/min/1.73m2	22*	22*	22*
GLUCOSE	mmol/L	6.1	5.8	5.7
CALCIUM	mmol/L	2.86*	3.13*	3.08*

PHOSPHATE	mmol/L	1.19	1.30	1.03

Results

Pathology	Units	18/05/24 09:25	18/05/24 16:38	19/05/24 00:38	19/05/24 06:46	19/05/24 14:41	20/05/24 08:36
BILIRUBIN TOTAL	umol/L	11	--	9	--	--	12
ALANINE AMINOTRANSFERASE	U/L	28	--	22	--	--	22
ALK PHOS	U/L	64	--	64	--	--	68
GGT	U/L	25	--	22	--	--	25
TOTAL PROTEIN	g/L	65	--	65	--	--	66
ALBUMIN	g/L	40 | 40	< >	38 | 38	38	41	41 | 41

< > = values in this interval not displayed.

Results

Pathology	Units	31/08/23 14:52	20/09/23 09:37
CHOL	mmol/L	4.9	4.7
TRIG	mmol/L	3.1*	1.9
HDL CHOLESTEROL	mmol/L	0.8*	0.9*
LDL CHOLESTEROL	mmol/L	2.6	2.8
FERRITIN	ug/L	--	189

Results

Pathology	Units	20/09/23 09:37
HBA1C %	%	5.2

Microbiology

Lab Test Results

Component	Value	Date
URINECULTURE		31/08/2023
<10*6 CFU/L No significant growth after overnight incubation.		

Imaging
No results found.

Contact details for GP Liaison Unit
Canberra Health Services: Telephone: (02) 5124 4183 Fax: (02) 5124 5935 Email: gpliaison.gpliaison@act.gov.au

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