ED clinical note

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EMERGENCY DEPARTMENT CLINICAL NOTE

Logan Hospital - Emergency Department

Date of attendance: 31 August 2026, 13:10

Patient: Peter Lawson, 62-year-old male

Presenting problem: GP-referred chest pain

Prepared by: Emergency department

PRESENTATION

Referred by Dr Sarah Chen, Riverside Family Practice, for same-day emergency department assessment of chest tightness. Attended Logan Hospital ED on 31 August 2026.

HISTORY OF PRESENTING COMPLAINT

Two days of intermittent central chest tightness, worse on exertion and easing with rest (patient-reported). No syncope or loss of consciousness reported. The patient contacted his regular clinic for urgent assessment on the morning of 31 August 2026 and was reviewed by his GP the same morning.

BACKGROUND

Past medical history: hypertension, type 2 diabetes, hyperlipidaemia. Conditions stable prior to this presentation; independent at home. No known drug allergies.

Recent GP routine chronic disease review (18 August 2026): BP 148/88 mmHg, no chest pain reported at that time.

REGULAR MEDICATIONS (unchanged)

- Atorvastatin 40 mg nightly
- Metformin 1000 mg twice daily
- Ramipril 5 mg once daily

REFERRING GP ASSESSMENT (31 August 2026)

Blood pressure 168/96 mmHg. Clinic ECG performed with no definite acute change. GP assessment was that a potential cardiac cause could not be excluded in general practice and required same-day ED assessment.

Advice given by GP: attend Logan Hospital ED the same day; call emergency services if the pain becomes severe.

ED INVESTIGATIONS

- Serial ECGs performed.
- Serial high-sensitivity troponins ordered - pending.

- Chest X-ray ordered - pending.

ASSESSMENT

Chest pain in a patient with cardiovascular risk factors. Acute coronary syndrome assessment commenced. Serial troponin results and chest X-ray are pending.

MEDICATION CHANGES

No medication changes made in the emergency department. Regular medications continued unchanged.

DISPOSITION

Disposition not documented at the time of this note. Ongoing ED assessment pending serial high-sensitivity troponin results and chest X-ray.