

ED discharge summary

Synthetic Clinical Document - For Educational Use Only

Patient ID	P001	Document ID	P001-D04
Date	2026-08-31	Type	ED discharge summary
Author	Hospital Ed	Recipient	-

Logan Hospital - Emergency Department

Date: 31 August 2026

Patient: Peter Lawson

Age: 62 years

Sex: Male

General practitioner: Dr Sarah Chen, Riverside Family Practice

PRESENTATION

GP-referred chest pain. Presented to Logan Hospital Emergency Department on 31 August 2026 for assessment of two days of intermittent central chest tightness, worse on exertion, with no syncope. The patient had contacted his regular clinic earlier that day and was advised to attend the Emergency Department the same day for exclusion of a cardiac cause.

BACKGROUND

Chronic conditions: hypertension, type 2 diabetes, hyperlipidaemia.

Allergies: no known drug allergies.

Baseline: independent at home, chronic conditions stable prior to this presentation.

EXAMINATION

Persistent elevated blood pressure was documented during ED assessment. (Clinic blood pressure recorded earlier the same day at the GP consultation was 168/96 mmHg.)

INVESTIGATIONS

- Serial ECGs performed in ED: no acute ECG change.
- Serial high-sensitivity troponins: final - not elevated.
- Chest X-ray: final - no acute cardiopulmonary abnormality.

ASSESSMENT

No evidence of acute myocardial infarction. Blood pressure treatment required adjustment.

MEDICATION CHANGES

- Ramipril: dose increased from 5 mg once daily to 10 mg once daily on 31 August 2026, for persistent elevated blood pressure during ED assessment. Continue at the new dose.

Current medications on discharge:

- Ramipril 10 mg once daily (dose increased today)

- Atorvastatin 40 mg nightly (unchanged)
- Metformin 1000 mg twice daily (unchanged)

DISPOSITION AND FOLLOW-UP

Discharged from the Emergency Department on 31 August 2026 following completion of the chest pain work-up.

Outstanding follow-up:

- GP review and repeat blood pressure within 7 days (due by 7 September 2026) - Riverside Family Practice.
- Check renal function and potassium after the ramipril dose increase (due by 7 September 2026) - Riverside Family Practice.

Please contact the Emergency Department if symptoms recur or worsen prior to GP review.