

GP follow-up note

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Patient ID	P001	Document ID	P001-D06
Date	2026-09-07	Type	GP follow-up note
Author	Gp	Recipient	-

Riverside Family Practice

Date: 7 September 2026

Patient: Peter Lawson

Age: 62 years

Sex: Male

GP: Dr Sarah Chen

Reason for contact

Review after chest pain presentation to Logan Hospital Emergency Department on 31 August 2026.

History

ED assessment on 31 August 2026 was for GP-referred chest pain. ED work-up showed no evidence of acute myocardial infarction. Ramipril was increased from 5 mg once daily to 10 mg once daily for persistent elevated blood pressure during ED assessment. Follow-up was arranged for GP review and repeat blood pressure within 7 days, and for renal function and potassium monitoring after the ramipril dose increase.

At today's review, no recurrent chest pain.

Current medications

- Ramipril 10 mg once daily
- Atorvastatin 40 mg nightly
- Metformin 1000 mg twice daily

Observations

BP 138/82 mmHg.

Investigations

- Serial high-sensitivity troponins (ED, 31 August 2026): final, not elevated.
- Chest X-ray (ED, 31 August 2026): final, no acute cardiopulmonary abnormality.
- Serial ECGs (ED, 31 August 2026): no acute ECG change.
- Renal function and potassium (4 September 2026): final, creatinine and potassium acceptable for the patient; no biochemical barrier to continuing the increased ramipril dose.

Assessment

Clinically stable. No recurrent chest pain. Blood pressure improved. Follow-up pathology reviewed and acceptable.

Medication changes

- Ramipril 10 mg once daily: continued. No dose change today. Reason: blood pressure improved and monitoring results acceptable.

Follow-up

- ED assessment for chest pain: completed 31 August 2026.
- GP review and repeat blood pressure within 7 days: completed 7 September 2026.
- Renal function and potassium check after ramipril dose increase: completed 4 September 2026.

Safety-netting

ED discharge advice was to re-present if chest pain recurs or worsens. No recurrence reported at this review.