ED clinical note

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Author	Hospital Ed	**Recipient**	-

Logan Hospital - Emergency Department

Date: 26 August 2026

Time of presentation: 03:05

Patient: Robert Hayes

Age: 71 years

Sex: Male

General practitioner: Dr Emma Walsh, Beenleigh Family Clinic

PRESENTATION

Presented to the emergency department with a COPD exacerbation not responding sufficiently to initial community treatment. Arrived by ambulance following an emergency call at 02:20 on 26 August 2026.

HISTORY

Background of COPD, hypertension and gastro-oesophageal reflux disease. Normally independent with an exercise tolerance of two blocks. No known drug allergies.

Patient-reported: breathlessness worsened overnight and he was unable to walk to the bathroom without stopping to catch his breath. He reported that he had seen his GP the previous day for cough and increased sputum, was started on prednisolone and doxycycline, was advised to use his salbutamol inhaler as directed, and was told to attend the emergency department if his breathlessness worsened.

Prior GP consultation (25 August 2026): three days of cough and increased sputum; wheeze present; oxygen saturation 94% on room air; no focal chest signs. Assessed as a mild COPD exacerbation suitable for community treatment. Prednisolone 40 mg once daily and doxycycline 100 mg twice daily were started, each with an intended duration of 5 days.

EXAMINATION

Diffuse wheeze.

INVESTIGATIONS

Chest X-ray - ordered, pending.

Viral respiratory panel - ordered, pending.

ASSESSMENT

Moderate COPD exacerbation requiring ED bronchodilator treatment.

TREATMENT

Bronchodilator treatment administered in the emergency department.

MEDICATION CHANGES

No changes to regular medications made during this ED attendance.

Current medications

- Doxycycline 100 mg twice daily (started 25 August 2026, intended duration 5 days)
- Prednisolone 40 mg once daily (started 25 August 2026, intended duration 5 days)
- Irbesartan 150 mg once daily
- Salbutamol inhaler as required
- Tiotropium 18 micrograms inhaled once daily

PENDING

Chest X-ray and viral respiratory panel results awaited.

SAFETY-NETTING

Advice previously given by the GP to seek ED care if respiratory symptoms worsen has been actioned by this presentation.