ED discharge summary

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LOGAN HOSPITAL - EMERGENCY DEPARTMENT DISCHARGE SUMMARY

Date: 22/08/2026

Patient: Aisha Rahman, 69 years, female

Presenting problem: Bradycardia in known atrial fibrillation

PRESENTATION

Presented to the Emergency Department at Logan Hospital at 12:00 on 22/08/2026 with bradycardia in known atrial fibrillation, following urgent GP review.

HISTORY

Patient-reported: at approximately 08:00 on 22/08/2026, light-headedness on standing at home, with one near-faint and no injury. The patient arranged urgent GP review.

GP assessment (Springwood General Practice, 10:15, 22/08/2026): dizziness and near-syncope. Irregular pulse at 44 bpm; ECG showed atrial fibrillation with slow ventricular response. Advised not to drive to hospital. Symptomatic bradycardia required ED assessment.

BACKGROUND

Persistent atrial fibrillation, hypertension, osteoporosis. Independent baseline, no prior falls in the preceding year.

Allergy: sulfonamide antibiotics - rash.

Regular GP: Dr Michael Young, Springwood General Practice.

EXAMINATION

No focal neurological deficit.

INVESTIGATIONS

Electrolytes - final: acceptable.

Troponin - final: not elevated.

ASSESSMENT

Symptomatic bradycardia in known atrial fibrillation. Rate-control medication was considered likely to have contributed to the slow ventricular response.

ED COURSE

Symptoms improved during observation. Heart rate improved without pacing. No recurrent near-syncope.

MEDICATION CHANGES

- Metoprolol modified release - dose decreased from 50 mg once daily to 25 mg once daily, for symptomatic slow ventricular response. Continue at 25 mg once daily.
- Apixaban - continued at 5 mg twice daily for ongoing stroke prevention; no bleeding concern identified.
- Perindopril 5 mg once daily - unchanged.

DISPOSITION

Discharged home from the Emergency Department on 22/08/2026.

FOLLOW-UP

- GP review of symptoms and pulse within 7 days (by 29/08/2026) - Springwood General Practice.
- Cardiology outpatient review - Metro South Cardiology Clinic, due 22/09/2026.

SAFETY-NETTING

Return to the Emergency Department for syncope, chest pain or persistent palpitations.

Information in this summary attributed to the patient is patient-reported.