ED clinical note

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Author	Hospital Ed	**Recipient**	-

Logan Hospital Emergency Department

Date: 28 August 2026

Patient: Grace O'Connor (76 years, female)

Presenting problem

Fluid overload.

History

- Referred for same-day emergency department assessment following community nursing and GP review.
- Community nursing home visit (28 August 2026): weight 3.1 kg above recorded baseline, new bilateral ankle oedema, increased exertional breathlessness. Impression: possible fluid overload; arranged same-day GP assessment.
- GP urgent consultation (Logan Central Medical Centre, 28 August 2026): suspected heart failure decompensation. Documented bibasal crackles and oxygen saturation 93% on room air. No chest pain. Hospital assessment recommended because of frailty and chronic kidney disease.
- Background: heart failure with reduced ejection fraction, chronic kidney disease stage 3, hypertension. Lives alone with weekly community nurse support. Allergy: spironolactone - previous hyperkalaemia.

Examination

No ED-specific examination findings are recorded in the available structured context. Prior documented findings:

- Community nursing: bilateral ankle oedema.
- GP: bibasal crackles, oxygen saturation 93% on room air, no chest pain.

Investigations

- Chest X-ray (final): mild pulmonary congestion.
- Renal function (final): near baseline.
- Troponin: not elevated.

Assessment

Mild heart failure decompensation without acute coronary syndrome.

Medication changes

Nil. Current medications unchanged:

- Bisoprolol 2.5 mg once daily
- Furosemide 40 mg each morning
- Sacubitril/valsartan 24/26 mg twice daily

Follow-up

Same-day ED assessment completed on 28 August 2026. No further disposition decision is documented in the available structured context.