

GP follow-up note

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Author	Gp	Recipient	-

Logan Central Medical Centre

Date: 03/09/2026

Patient: Grace O'Connor

Age: 76 years | Sex: Female

Usual GP: Dr Olivia Grant

REASON FOR CONTACT

Post-ED follow-up for heart failure review.

HISTORY

Grace O'Connor was reviewed following an Emergency Department presentation on 28/08/2026 for mild heart failure decompensation with fluid overload. She was discharged home on a short temporary increase in oral furosemide from 40 mg each morning to 80 mg each morning, intended for 5 days, with close community and GP monitoring.

Background includes heart failure with reduced ejection fraction, chronic kidney disease stage 3 and hypertension. She lives alone with weekly community nurse support. Allergy: spironolactone (previous hyperkalaemia).

Interim community nursing review on 31/08/2026 documented weight down 2.2 kg, reduced oedema and no dizziness. Pathology from 02/09/2026 confirmed renal function and potassium stable.

REVIEW

Breathlessness is near baseline. Weight is near usual range. Pathology has been reviewed and is stable.

ASSESSMENT

Heart failure recovery following short intensified diuretic course. Symptoms and weight have improved. Renal function and potassium remain stable.

MEDICATION CHANGES

Furosemide dose returned to baseline: 40 mg each morning (previously 80 mg each morning). Reason: weight and symptoms improved after short intensified course. Status: active.

Current medications

- Bisoprolol 2.5 mg once daily - unchanged
- Furosemide 40 mg each morning - dose returned to baseline
- Sacubitril/valsartan 24/26 mg twice daily - unchanged

PLAN

Continue current heart failure medications as above.

Continue specialist follow-up plan.

FOLLOW-UP

Heart failure clinic review - Metro South Heart Failure Clinic - due 24/09/2026 (outstanding).

Safety-netting: return for breathlessness at rest, chest pain or reduced urine output.