ED clinical note

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Author	Hospital Ed	**Recipient**	-

Logan Hospital - Emergency Department

Date: 31 August 2026

Presentation

Margaret Bell, 79-year-old female, presented to the emergency department following an emergency call made by her daughter at 07:10 for new confusion and poor fluid intake. Ambulance was called and the patient was brought to hospital.

History

Two days of cough and fever, reviewed at Browns Plains Family Practice on 30 August 2026 by Dr Aaron Smith. Temperature 38.1°C and right basal crackles were documented at that consultation, with a working diagnosis of likely community-acquired pneumonia. Amoxicillin/clavulanate 875/125 mg twice daily was started and safety-net advice was given to seek urgent care for confusion, worsening breathlessness or poor intake.

Her daughter reports marked decline since then, with the patient much more confused and not drinking enough. The GP's safety-net advice was acted upon and the family escalated today.

Background

Hypertension, osteoarthritis and mild cognitive impairment. Lives with her daughter and normally mobilises with a walking stick. Allergy: clarithromycin - severe nausea. Regular GP: Dr Aaron Smith, Browns Plains Family Practice.

Examination

Dehydrated.

Investigations

- Chest X-ray (final): right lower lobe opacity.
- Blood cultures: pending.

Assessment

Pneumonia with confusion, in the setting of dehydration during acute illness. Oxygen was required initially. Pneumonia requiring inpatient treatment.

Medication changes

- Candesartan 8 mg once daily - temporarily withheld today due to dehydration during acute illness. On hold.
- Amoxicillin/clavulanate 875/125 mg twice daily - continued.
- Paracetamol 1 g up to three times daily as required - continued.

Disposition

For inpatient treatment of pneumonia. Blood cultures remain pending.