

ED discharge summary

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Patient ID	P008	Document ID	P008-D03
Date	2026-08-25	Type	ED discharge summary
Author	Hospital Ed	Recipient	-

Logan Hospital - Emergency Department

Date of discharge: 25/08/2026

Patient: Samir Patel

Age: 55 years

Sex: Male

General practitioner: Dr Claire Evans, Waterford West Medical Centre

PRESENTATION

Presented to the Emergency Department on 25/08/2026 at 19:10 with redness of the lower leg spreading beyond the marked skin edge.

BACKGROUND

Type 2 diabetes, peripheral neuropathy and hypertension. Works as a driver and has reduced foot sensation. No known drug allergies.

Relevant history: shin abrasion on 21/08/2026 after contact with a garden edge, cleaned at home. Reviewed by GP on 23/08/2026 with an 8 cm area of erythema and no systemic symptoms; documented as non-purulent cellulitis, skin edge marked, and cephalexin 500 mg four times daily commenced with a planned 5-day course. Advised to attend ED if redness spread beyond the marked edge or fever developed.

EXAMINATION

Afebrile. No abscess on bedside assessment. No sepsis features identified.

INVESTIGATIONS

Inflammatory markers - final: elevated.

ASSESSMENT

Cellulitis progressing on initial oral therapy.

TREATMENT IN ED

Intravenous antibiotic dose given.

MEDICATION CHANGES

- Cephalexin 500 mg four times daily - CEASED. Reason: cellulitis progressed on initial therapy.
- Clindamycin 450 mg three times daily - STARTED. Reason: alternative oral treatment after ED review. Intended duration: 7 days.

Ongoing regular medications unchanged: gliclazide MR 60 mg once daily, metformin 1000 mg twice daily, telmisartan 40 mg once daily.

DISPOSITION

Discharged home. Stable after treatment. Safe home environment confirmed.

PATIENT ADVICE

- Elevate the leg.
- Return for fever, rapid spread of redness, or increasing pain.

FOLLOW-UP

- Community wound review until improving - Community Nursing Service, due 31/08/2026.
- GP review after completion of the antibiotic course - Waterford West Medical Centre, due 03/09/2026.

Safety-netting: escalate if redness spreads or systemic symptoms develop.