ED discharge summary

Synthetic Clinical Document - For Educational Use Only

Patient ID	P018	**Document ID**	P018-D03
Date	2026-08-23	**Type**	ED discharge summary
Author	Hospital Ed	**Recipient**	-

LOGAN HOSPITAL - EMERGENCY DEPARTMENT DISCHARGE SUMMARY

Patient: Arthur Green

Age: 81 years | Sex: Male

Date of discharge: 23 August 2026

Presenting problem: Recurrent falls and dizziness

PRESENTATION

Mr Green presented to the Emergency Department on 23 August 2026 following his second fall in one week. The fall occurred at home after standing. There was no head strike. Left elbow bruising was noted. His spouse arranged ED assessment.

BACKGROUND

Chronic conditions: Parkinson disease, hypertension, benign prostatic hyperplasia.

Allergies: No known drug allergies.

Baseline: Lives with spouse and receives community physiotherapy.

EXAMINATION

Postural blood pressure drop documented.

INVESTIGATIONS

Left elbow X-ray: final report - no fracture.

No infection identified.

ASSESSMENT

Orthostatic hypotension likely contributing to falls.

MEDICATION CHANGES

Amlodipine 5 mg once daily - CEASED on 23 August 2026.

Reason: orthostatic hypotension with recurrent falls.

Continuing medications

- Levodopa/carbidopa 100/25 mg three times daily
- Tamsulosin 400 micrograms nightly

DISPOSITION

Discharged home. Stable mobility with supervision. No acute injury. Spouse able to assist.

ADVICE

- Rise slowly
- Maintain fluids unless otherwise advised
- Use mobility aid

FOLLOW-UP

- GP medication and blood-pressure review - due 30 August 2026 - Woodridge Medical Practice (Dr Zoe Miller)
- Community falls assessment - due 2 September 2026 - Community Rehabilitation Service
- Neurology review of Parkinson medicines and orthostasis - due 16 September 2026 - Metro South Neurology Clinic

All follow-up arrangements above remain outstanding as at the time of discharge.