ED discharge summary

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Author	Hospital Ed	**Recipient**	-

Logan Hospital - Emergency Department

Date: 27 August 2026

Patient: Maria Santos

Age: 63 years

Sex: Female

GP: Dr Andrew King, Kingston Road Medical Centre

PRESENTATION

Presented to the Emergency Department with a diabetic foot infection, referred following same-day community podiatry review and urgent GP assessment.

HISTORY

Earlier on 27 August 2026, routine community podiatry review for a known plantar callus identified a new 1.5 cm ulcer with surrounding redness and a small purulent discharge. The podiatrist considered this a possible infected diabetic foot ulcer requiring same-day medical review.

The patient was subsequently reviewed by her GP, who documented reduced protective sensation, redness extending beyond the ulcer edge, and a capillary glucose of 14.2 mmol/L. The GP advised that ED assessment was required for imaging, cultures and consideration of parenteral treatment, and advised the patient not to take empagliflozin until reviewed.

Relevant background: type 2 diabetes, chronic kidney disease stage 3, peripheral neuropathy, heart failure. Known allergy to penicillin (angioedema). Lives with adult son and receives regular podiatry.

EXAMINATION

No systemic sepsis. Able to offload the foot.

INVESTIGATIONS

- Foot X-ray (final): no bone destruction.
- Inflammatory markers moderately elevated.
- Wound culture: collected, pending.

ASSESSMENT

Diabetic foot soft-tissue infection without radiographic evidence of osteomyelitis. No systemic sepsis. Patient able to offload the affected foot and stable after initial treatment.

MEDICATION CHANGES

- Clindamycin 450 mg three times daily - started 27 August 2026. Indication: diabetic foot soft-tissue infection with penicillin allergy. Intended duration 10 days. Status: active.
- Empagliflozin - remains withheld (temporarily withheld on 27 August 2026 by GP for acute diabetic foot infection). Status: on hold.

Continuing medications unchanged: bisoprolol 2.5 mg once daily, furosemide 40 mg once daily, insulin glargine 24 units nightly.

DISPOSITION

Discharged from the Emergency Department, stable after initial treatment.

FOLLOW-UP

- High-risk foot clinic follow-up - Logan Hospital High Risk Foot Clinic (hospital wound team), due 20 September 2026. Outstanding.
- Community dressing and wound measurements - Community Nursing Service (community nurse), due 20 September 2026. Outstanding.
- GP diabetes and renal monitoring while empagliflozin is withheld - Dr Andrew King, Kingston Road Medical Centre, due 15 September 2026. Outstanding.

SAFETY-NETTING

- Keep pressure off the affected foot.
- Return for fever, spreading redness or increasing pain.

Pending: wound culture result.