

ED discharge summary

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Patient ID	P020	Document ID	P020-D04
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Author	Hospital Ed	Recipient	-

Logan Hospital - Emergency Department

Date: 03/09/2026

Patient: Thomas Reed

Age: 57 years

Sex: Male

GP: Dr Amelia Brown, Slacks Creek Medical Centre

PRESENTATION

Presented to the Emergency Department with a suspected left lower limb deep vein thrombosis (DVT) following same-day GP assessment for unilateral calf swelling. The patient had recently returned from long-distance travel and is normally independent.

HISTORY

Earlier on 03/09/2026 the patient was reviewed by his GP at Slacks Creek Medical Centre with left calf swelling. Findings documented at that consultation were a visibly larger left calf, localized tenderness, and no respiratory symptoms. The GP considered a possible DVT and arranged same-day ultrasound and ED assessment, with advice to attend ED immediately and call emergency services for chest pain or breathlessness.

On ED presentation, diagnostic work-up was commenced with a venous ultrasound and baseline full blood count and renal function testing.

INVESTIGATIONS

Venous ultrasound (left leg) - final result: proximal deep-vein thrombosis confirmed. Reported as an acute proximal DVT.

Renal function was adequate for the selected anticoagulant. No active bleeding was identified.

ASSESSMENT

Stable proximal DVT without pulmonary symptoms.

MANAGEMENT AND MEDICATION CHANGES

Apixaban started on 03/09/2026:

- 10 mg twice daily for 7 days, then
- 5 mg twice daily.

Indication: acute proximal DVT.

Olmesartan 20 mg once daily continued unchanged.

DISPOSITION

Discharged from the Emergency Department on 03/09/2026 with a plan for anticoagulation and outpatient follow-up.

FOLLOW-UP

- GP anticoagulation safety review within 7 days (due 10/09/2026) - outstanding.
- Transition apixaban to the maintenance dose after the initial treatment phase (due 10/09/2026) - patient with GP support; outstanding.
- Thrombosis clinic assessment and duration plan (due 19/09/2026) - Metro South Thrombosis Clinic; outstanding.

SAFETY-NETTING

- Seek emergency care for chest pain, breathlessness or major bleeding.
- Avoid non-prescribed NSAIDs.

Allergies: No known drug allergies.