

## Appendix 2: Short Discharge Letter (450 words)

Patient: Mr Harry Charles  
Admitted: 14 Jun 2011  
Discharged: 22 Jul 2011  
LOS: 39 days  
D/C Reason: Care Complete (Clinician's Decision)  
D/C Destination: Private Residence – Self Caring  
Specialty: General Surgery  
Consultant: Mr Jon Smith

### Principal Diagnoses: (responsible for admission)

- Anaemia
- Carcinoma of the Colon

### Other Conditions / Problems: (active conditions / problems during this admission)

- Asthma
- Hypertension – poor control
- Osteoarthritis
- Type 2 Diabetes

### History:

Mr Charles: 69-year-old man referred by GP with low Hb of 55.

Findings on admission: Nil significant

### Interpreted Summary of Significant Results:

On admission: FBP: Anaemic  
Prior to discharge: HB normal

Conclusion: Colonoscopy 17/6/11

Sigmoid colon stricture: A malignant stricture seen

Histopathology: Microscopic and Conclusion:

Sigmoid colon mass: Moderately differentiated adenocarcinoma

CT whole body: 20/6/11

Presumably the strictured, ulcerated region demonstrated on colonoscopy corresponds to the abnormality at the hepatic flexure. If this proves to be neoplastic then no definite evidence of metastatic disease is demonstrated in the thorax, abdomen or pelvis.

Conclusion: CXR 14/6/11:

A reticulo-nodular pattern and a more detailed history is needed. However, in view of the possible basal lung mass, lymphangitis carcinomatosa must be considered. CT scanning is suggested if clinically appropriate.

Conclusion: CTPA (28/6/11):

Sub-segmental right upper lobe PE. Patchy bi-basal ground glass shadowing is nonspecific, no consolidation.

### Clinical Management:

Admitted to AAU for observation and management:

1. Pt given Packed cells
  - Iron transfusion given
  - Biopsy report of sigmoid as above, (moderately differentiated adenocarcinoma)
  - CT whole body -no evidence of metastasis
  - Pt asymptomatic and obs stable
2. Transferred care to general surgery team (21/6/11)
3. CT colonography performed
4. Patient consented for anterior resection
5. The day prior to surgery he became SOB and had pleuritic chest pain – Pt had developed a PE. Started on a heparin infusion
6. Discharged with therapeutic Clexane to be performed by HITH nurses

Instructions to GP:

Thank you for ongoing care and management. At this stage, all colorectal and medical oncology outpatient follow-up appointments made. Please ensure that follow-up of Clexane and IVC filter occur. At this stage he has a script for 6 months of therapeutic Clexane with him. Could GP pls review regarding the Left thyroid nodule.

Discharge Medications:

Medication	Dosage	Reason(s)	Special Instructions
Budesonide Turbuhaler 400 mcg	2 puffs mane 2 puffs nocte	Asthma	
Cosopt Eye Drops	1 drop each eye mane 1 drop each eye nocte	Glaucoma	
Gliclazide Modified Release Tablets 30mg	1 mane	Type 2 diabetes	
Metformin hydrochloride Tablets 500mg	1 mane 1 lunch 1 nocte	Type 2 diabetes	
Ramipril Capsules 10mg	1 mane	Hypertension	
Terbutaline sulphate Turbobaler 500mcg	1 puff prn	Asthma	500mcg QID PRN
Xalacom Eye Drops	1 drop each eye bedtime	Glaucoma	

