

Discharge to GP after pneumonia with new atrial fibrillation



Assume that today's date is 21 October 2026. Mrs Fairbairn is being discharged home today. Using the information in the case notes, write a letter to Mrs Fairbairn's GP, Dr Michael Osei, informing him of her admission and discharge and outlining the follow-up required. Address the letter to Dr Michael Osei, Elmhurst Medical Centre, 8 Elm Avenue, Elmhurst. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- 1. Name: Mrs Gwen Fairbairn
- 2. DOB: 02/06/1954 (72 yrs)
- 3. Admitted: 14/10/26 via ED — Eastvale General Hospital
- 4. Discharged: 21/10/26

Social background

- 5. Widow; retired librarian; volunteers at charity shop 2 days/wk
- 6. Lives alone, two-storey townhouse; daughter (Fiona) staying with her for 1 wk after discharge
- 7. Non-smoker; alcohol 1–2 glasses wine/wk
- 8. Has a cat — neighbour feeding it during admission

Medical history

- 9. Known to GP: hypertension (since 2009); hypothyroidism (since 2016)
- 10. Pre-admission medications: amlodipine 5 mg daily; levothyroxine 75 mcg daily
- 11. Bilateral cataract surgery 2021
- 12. Osteoporosis — denosumab 6-monthly (next dose due Feb 2027)
- 13. Allergies: nil known
- 14. Vaccinations: no influenza vaccine this year; pneumococcal status unknown

Admission

- 15. 3/7 productive cough, fever 38.6°C, SOB
- 16. SpO2 90% on room air; RR 24
- 17. CXR: right lower lobe consolidation; CRP 186 mg/L

Admission

- 18. ECG: atrial fibrillation, ventricular rate 128 — new diagnosis

Progress

- 19. IV ceftriaxone + oral azithromycin 3 days → oral amoxicillin; 7-day course completed 20/10
- 20. O2 weaned day 3; afebrile since 17/10
- 21. Night 2: mild confusion, resolved by day 3
- 22. Metoprolol 25 mg BD commenced 15/10; HR now 72–80, remains in AF
- 23. Amlodipine ceased 17/10 (BP 104/62 on metoprolol); BP now 118/70
- 24. Stroke risk: CHA2DS2-VA score 2; apixaban 5 mg BD commenced 16/10 (wt 64 kg, creatinine 82 µmol/L)
- 25. Echocardiogram: normal LV function, mild left atrial dilatation; TSH normal
- 26. Pt dissatisfied with hospital food and noise on ward; wishes to make a complaint

Discharge plan

- 27. GP review within 1 wk: HR, BP, symptoms
- 28. Repeat U&E and FBC in 1 wk (apixaban)
- 29. Offer influenza and pneumococcal vaccination
- 30. Repeat CXR in 6/52 to confirm resolution
- 31. Cardiology outpatient clinic 2/12 (appointment letter sent) — consider rhythm control
- 32. Physiotherapy: independent with stairs; no follow-up needed
- 33. Daughter suggests pt sell townhouse and move in with her — pt undecided