Discharge Summary Report

KAMC Main Hospital

Designation/Specialty:	Assistant Consultant (Cardiology)
Report Created by:	KHALED ABDELHADY IBRAHIM ELGEDAMY
Preferred Contact Time:	
Hospital Contact Number:	**Created Date/Time:** 23/01/2022 [20/06/1443] 20:50

Episode No	Discharge Destination	Discharge Condition
IP071580	Home	Discharge Against Medical Advice

40 YEAR MALE PATIENT SMOKER WITH HX OF CHRONIC HEPATITIS B WITHOUT TTT HAD HX OF CAG 4 MONTH AGO WHICH SHOWED SIGNIFICANT MID LAD BRIDGING

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CAG REPORT:
THIS IS A 40 Y OLD PATIENT REFERRED AS A CASE OF ACUTE LATERAL STEMI FOR PPCI
4 MONTHS AGO HE DID CAG --> NORMAL
AN INFORMED CONSENT WAS OBTAINED
PATIENT RECIEVED ASA 300MG, PLAVIX 300MG LOAD
15000 IU OF IV HEPARIN WAS GIVEN ACT BASED
ACCESS:
R RADIAL ACCESS WAS OBTAINED USING 6F SHEATH WITHOUT COMPLICATIONS
CATHETERS:
JR4 AND EBU 3.5 6F CATHETERS
CORONARIES:
RIGHT DOMINANT SYSTEM
LM BIFURCATES INTO LAD AND LCX
LM: NORMAL
LAD: NO SIGNIFICANT DISEASE , MID LAD MYOCARDIAL BRIDGE , DOIAGONAL 1 THROMBOTIC SIGNIFICANT LESION
LCX: NORMAL
RCA: DOMINANT AND NORMAL
PCI TO DIAGONAL:
GUIDING CATHETER USED, SION BLUE WIRE TO CROSS THE LESION
RESOLUTE ONYX 2.75X15MM DES WAS DEPLOYED
POST DILATED WITH STENT BALLOON
STENT LOOKS WELL APPOSED, WELL EXPANDED WITH TIMI 3 FLOW IS ACHIEVED AND NO COMPLICATIONS
AT THE END OF THE PROCEDURE, WIRE AND CATHETER WERE REMOVED, AND HEMOSTASIS WAS ACHIEVED USING TR BAND
CONCLUSION: SUCCESSFUL PPCI TO D1 WITH 1DES
RECOMMENDATIONS:
-DAPT FOR AT LEAST 1 YEAR (LOAD WITH TICAGRELOR 180MG THEN KEEP ON 90MG PO BID)
-OPTIMIZATION OF MEDICAL TX
-AGGRISSIVE RISK FACTORS MODIFICATION
ECHO :
The left ventricle is normal in size. Thrombus can not be excluded. Left ventricular systolic function is mildly reduced. EF= 45-50 %
Severe hypokinesia to akinesia apical anterior and apical lateral Hypokinetic mid anterior wall,mid anterolateral wall. The right ventricle is normal in size and function. No significant valves lesion. There is no pericardial effusion. Interpretation Summary A complete two-dimensional transthoracic echocardiogram was perf

PLAN:
-DAPT FOR AT LEAST 1 YEAR
-OPTIMIZATION OF MEDICAL TX
-AGGRISSIVE RISK FACTORS MODIFICATION

-CONTRAST ECHO TO EXCLUDE LV THROMBUS

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Category	Allergen	Nature of Reaction	Severity	Onset Date	Status
No known Allergies	No Known Allergies				Active

Generic Item	Drug	Dosage Quantity	Frequency	Instructions/Notes	Duration
ACETYLSALICYLIC ACID	AZERA	100 MG	daily	Take with food or with a full glass of water to avoid digestive tract irritation. Acute Myocardial Infarction: chew tablet.	For 60 Day(s)
BISOPROLOL	BITROL	2.5 MG	daily	Take with or without food.	For 60 Day(s)
PANTOprazole	TOPRAZOLE	40 MG	daily at 6 am	Take before meals.	For 60 Day(s)
ROSUVASTATIN	IVARIN	20 MG	at bed time	Take with or without food. Avoid or limit drinking alcohol.	For 60 Day(s)
TICAGRELOR	BRILINTA (ASTRAZENECA)	90 MG	twice Daily	Do not take with grapefruit or grapefruit juice. Avoid limes and seville oranges.	For 60 Day(s)
VALSARTAN	DIOVAN	40 MG	daily	Take with or without food.	For 60 Day(s)

Operation	Category	Care Provider	Procedure Date
Coronary angiography		Ayman Selim Abougalambou	22/01/2022 [19/06/1443]

CONSCIOUS ORIENTED,
OFF PAIN, COMFORTABLE,
HD STABLE , AFEBRILE,
CHEST: CLEAR
HEART.: REGULAR S1, S2,
GOOD PERIPHRAL PULSES
ECG: N SINUS RHYTHM,,
LABS
REVIEWED
N.B. : PT. INSISTING TO GO DAMA , ALTHOUGH , WE EXPLAINED TO HIM ABOUT COMPLETION OF HOSPITAL COURSE AND THE NEED FOR CONTRAST ECHO TO EXCLUDE LV THROMBUS , BUT HE INSISTED TO GO AND SIGNED DAMA PAPER

Note Type	Care Provider	Created Date/Time
Discharge Notes	Khaled Abdulhadi Algedami	23/01/2022 [20/06/1443] 20:39

Significant Physical and Other Findings: 40 YEAR MALE PATIENT SMOKER WITH HX OF CHRONIC HEPATITIS B WITHOUT TTT HAD HX OF CAG 4 MONTH AGO WHICH SHOWED SIGNIFICANT MID LAD BRIDGING THIS ADMISSION HE PRESENTED AS LATE PRESENTATION ANTERIOR MI AND UNDERWENT CAG AND PCI TO D1 AND THEN WAS SHIFTED TO CCU ON HEPARIN INFUSION

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Patient's Condition at the time of Discharge:

Follow-Up instructions:

Sick Leave:

Authorized User:	Authorized Date:	Hospital Stamp: