

Discharge Notification

10th February 2026

Dr Philip W. Moger
Gale Farm Surgery Gp Practice
Gale Farm Surgery
109-119 Front Street
Acomb
YORK
N Yorkshire
YO24 3BU

Consultant : Mr David J Alexander
Admitted : 12-SEP-2018, Elective
Specialty : General Surgery
Discharging Doctor : User, Demo
Discharged From : Ward 27
On : 10-FEB-2026

Dear Dr Moger

Mrs Elizabeth Abel

4, Sirocco Court, YORK, YO31 8FE
NHS No: 452 083 7960 Date Of Birth: 08/03/1951
Casenote: 85/15074

Notes / Other Treatments

Mrs Abel was admitted after an unwitnessed fall. A x-ray hip on confirmed a right neck of femur fracture with superior displacement. Mrs Abel underwent a right hip hemiarthroplasty which was successful.

First dose of zoledronic acid was administered. A postural drop of 30mmHg was found for which her felodipine was stopped. She will be discharged with 28 days total of enoxaparin for VTE prophylaxis.

During the admission Mrs Abel was treated with IV antibiotics, she will continue and complete a course of oral treatment on discharge.

Mrs Abel is ready for discharge, no routine follow up is required.

Many thanks.

Pharmacy Notes for GP

On admission, medication history completed, noted patient was struggling with management of tablets at home, GP please consider support.

Diagnosis

Pneumonia - Community acquired pneumonia (CAP)
Fracture neck of femur (NOF)

Chronic Diagnosis

Hypertension
Type 2 Diabetes
Asthma

Procedures

Hemiarthroplasty (Hip Joint - Right Side)

Medication on Discharge

Medication	Days Supply	GP To Cont.
[] amoxicillin - capsule - DOSE 1 g - Oral - THREE times a DAY Reason started or changed: Community Acquired Pneumonia	5	N
[] atorvastatin - tablet - DOSE 40 mg - Oral - at NIGHT	0	Y

Reason started or changed: Do not take until course of clarithromycin complete

[] beclometasone extrafine particle with formoterol - FOSTAIR - STRENGTH 100micrograms + 6micrograms/actuation - inhaler cfc-free - DOSE 2 doses - Inhalation - TWICE a DAY	0	Y
[] calcium carbonate with colecalciferol - ADCAL -D3 - chewable tablet - DOSE 1 tablet - Oral - TWICE a DAY	28	Y
[] clarithromycin - tablet - DOSE 500 mg - Oral - TWICE a DAY Reason started or changed: Community Acquired Pneumonia	5	N
[] codeine phosphate - tablet - DOSE 15 to 30 mg - Oral - FOUR times a DAY - as required	7	N
[] enoxaparin - injection - DOSE 40 mg - Subcutaneous - in the EVENING - for 35 days for prophylaxis post surgery	28	Y
[] ferrous fumarate - tablet - DOSE 210 mg - Oral - in the MORNING	0	Y
[] macrogol 3350 + electrolytes - LAXIDO ORANGE - oral powder sugar-free - DOSE 1 sachet - Oral - DAILY - as required - (equivalent to MOVICOL)	28	N
[] morphine sulfate - oral liquid - DOSE 2 to 5 mg - Oral - every 4 hours - as required	7	N
[] paracetamol - tablet - DOSE 1 g - Oral - FOUR times a DAY - as required - for patient weight greater than 50kg	7	N
[] salbutamol - STRENGTH 100micrograms/actuation - inhaler cfc-free - DOSE 1 to 2 doses - Inhalation - FOUR times a DAY - as required	0	Y

Medications Stopped or Amended

Medication

Notes

felodipine - 24 hour modified release tablet -
DOSE 5 mg - Oral - every MORNING

postural drop

Allergies

Ibuprofen, Gastrointestinal Upset, Moderate, Definite

Weight

09-MAY-2022 BMI: 22.9, Weight: 70kg, BSA: 1.85

Frailty (Rockwood) Score

4

Secondary Care Follow Up

No routine orthopaedic follow up

Suggested Primary Care Follow up plan

Please repeat an LSBP and modify her antihypertensives accordingly.

Nurse Discharge Notes

Mrs Abel is now fit for discharge. For enoxaparin injections-
training given and sharps bin provided. Observations stable. Signed off by PT/OT-
passed stairs assessment. Tolerating diet and fluids. Wound
checked prior to discharge and spare dressings provided.

If you have any concerns within 7 days of discharge during working hours (9am to 5pm), please contact Switchboard on the number shown above and ask for your Consultant's Secretary. Outside the above hours please contact your GP

Being an inpatient may increase the risk of you developing a blood clot for up to 3 months; this could either be a blood clot in the leg (deep vein thrombosis) or in the lungs (pulmonary embolus). If you develop any new unexplained symptoms suggestive of a blood clot e.g. unilateral leg swelling and pain, unexplained breathlessness, sharp chest pain or coughing up blood, please seek immediate medical advice as these can be serious and at times life threatening.

For further advice about Coronavirus, please visit [nhs.uk/coronavirus](https://www.nhs.uk/coronavirus)
If you feel unwell or have further symptoms after you have been discharged from hospital,
please call 111 for further advice