

10 February 2026

GP:

Practice ID:

Discharge Summary

Patient Demographics

Patient Name:	BEATS, Janet	Address:
Date of Birth:	08-Mar-1951	
Gender:	Female	Telephone:
Hospital No.:	V41657	NHS No.:

Attendance Details

Date/Time: 09-Feb-2026 11:14

Discharge Details

Date/Time:

Ward/Area: YH-AMU

Referrer Details

Source: Not entered.

Specialties involved in care: Orthopaedic

Clinical Information

Diagnosis:

Bilateral. CAP - community acquired pneumonia, Right. Basal cervical fracture of neck of femur

[C] Confirmed, [?] Working,

[P] Primary, [S] Secondary

Presenting Complaint:

Unwitnessed fall

Care alerts:**Resus Status:****Treatment Escalation Plan:****Respect Form:****Past Medical History:**

«Past Medical History»

Clinical Summary:

Mrs Beats was admitted after an unwitnessed fall. A x-ray hip on confirmed a right neck of femur fracture with superior displacement. Mrs Beats 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 Beats was treated with IV antibiotics, she will continue and complete a course of oral treatment on discharge. Mrs Beats is ready for discharge, no routine follow up is required. Many thanks.

Procedures/Investigations:

Right hip hemiarthroplasty

Co-morbidities:

No co-morbidities have been recorded for this patient visit.

Infection Control:

Clinical Frailty Scale:

Clinical Frailty Scale level 4 - vulnerable

4AT:

Date	09/02/2026 11:21
Result	4AT Score: 1
Score	1
Status	Complete
Due	
Ward	YH-AMU
By	Gemma Nichols (GNDoc)
Comment	
Contributors	Gemma Nichols (GNDoc) - Complete
Exclusion Criteria met	No
Exclusion Criteria met - Details	
Alertness	Mild sleepiness for <10 seconds after waking, then normal
AMT4	One mistake

Attention	Achieves 7 months or more correctly
Acute change or fluctuating course	No

Procedures

Procedures: Right hip hemiarthroplasty
Follow up Procedures:

Investigations

Investigations to note:

Date/Time	Details	Value	Comment
10/02/2026 8:24 am	Investigation	Value	Comment

Follow up Investigations: Follow up required

Allergies, Sensitivities and Reactions

Allergies/Adverse Reactions: Ibuprofen- Intolerant- Moderate-Gastro

Medications

Medication	Duration	Quantity	Source	GP action	Additional Info
ADCAL D3 chewable tablets (Colecalciferol 400unit / Calcium carbonate 1.5g) (Adcal-D3) - Oral, 1 tablet twice a day		28	1.Trust Pharmacy	Continue	
Amoxicillin - Oral, 500 mg three times a day for 5 days	Last dose on 14 Feb 2026, Morning	15	1.Trust Pharmacy	None	Start 09/02/2026 12:00 CAP
Atorvastatin - Oral, 40 mg once a day during the night			WARD-Patients own on ward	Continue	Restart after course of clarithromycin complete
Clarithromycin - Oral, 500 mg twice a day for 5 days	Last dose on 13 Feb 2026, Evening	10	1.Trust Pharmacy	None	CAP
Codeine - Oral, 15 mg - 30 mg as required up to a maximum of 240 mg in 24 hours for 7 days. Minimum interval 4 hours	7 days	28	1.Trust Pharmacy	None	
Enoxaparin - Subcutaneous, 40 mg once a day during the evening for 35 days	25 days	25	1.Trust Pharmacy	None	Start 09/02/2026 17:30

					Inpatient VTE prophylaxis
Ferrous fumarate - Oral, 210 mg once a day			HOME - Patients own to be supplied from home	Continue	
Fostair (Beclometasone 100micrograms/dose / Formoterol 6micrograms/dose inhaler) - Inhalation, 2 inhalations twice a day			HOME - Patients own to be supplied from home	Continue	asthma
Macrogol compound oral powder sachets NPF (Laxido) - Oral, 1 sachet as required		20	1.Trust Pharmacy	Review	
Morphine sulfate 10mg/5ml oral solution - Oral, 2 mg - 5 mg as required. Minimum interval 4 hours	7 days	250ml	1.Trust Pharmacy	None	
Paracetamol - Oral, 1g as required up to a maximum of 4g in 24 hours. Minimum interval 4 hours	7 days	32	1.Trust Pharmacy	None	
Salbutamol 100micrograms/dose inhaler CFC free - Inhalation, 1 dose - 2 doses as required up to a maximum of 8 doses in 24 hours			WARD- Patients own on ward	Continue	

Pharmacy Medication

Management:

TTO validated by:

Gemma Nichols

Pharmacy comments:

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

Stopped Medications

Medication	Route, dose, frequency	Reason for stopping
Felodipine Modified Release Tablets	Oral, 5 mg once a day	postural drop

Medication Changes

Inpatient Outcome (Secondary Care)

Actions for healthcare

professionals:

Discharge advice/info given to

Patient:

Inpatient Outcome: Discharge, Other

Inpatient Outcome (Primary Care)

Considerations for GP: Please repeat LSBP and modify antihypertensives accordingly.
Meds information for GP: Review Felodipine with repeat LSBP
Nurse information for GP:
AHP information for GP:
Safeguarding/Complex needs consideration for GP:

Patient Instructions

Discharge Advice Given: Training provided on administration of enoxaparin injections and sharps bin provided. Wound checked prior to discharge and spare dressings provided.
Safety Netting Advice Given: Safety netting advice
Nursing Advice for Discharge:
AHP Advice for Discharge:

Discharge Completed By

Doctor completing discharge: Gemma Nichols
Role: Registrar
Date and time record completed: 09 Feb 2026 12:42