

EMERGENCY DEPARTMENT — CLINICAL NOTE

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A referral was received for Margaret Ellison, a 34-year-old, at an unspecified time earlier today. The documented presenting issue centred on in whom shortness of breath was the predominant symptom. According to the patient's own account, the symptoms had developed gradually and The patient had initially attempted to manage them without medical input before the severity prompted attendance here.

During the systems review, chest tightness emerged as a secondary symptom. The patient was uncertain whether this was connected to the patient's main complaint or represented a separate issue entirely. Background history was taken from Margaret directly, as no previous records were immediately available. The patient denied any chronic conditions, described the patient's general health as good prior to this episode, and confirmed that the patient's immunisations were up to date.

On examination, Margaret was haemodynamically stable. HR 94, BP 118/74, temperature 37.8°C, SpO2 96% on air. General appearance was of a well-kempt individual in mild discomfort but not in extremis. Examination of the relevant systems was performed by the attending clinician and findings are documented separately in the clinical proforma.

After a period of observation and clinical review, the following plan was enacted: discharged with salbutamol inhaler. The patient was counselled regarding the nature of the patient's presentation, and clear safety-netting advice was provided covering symptoms that would warrant reassessment.