

Cardiology Department
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Ref: CM//S1111111
 CHI: 2705640101010

Clinic Date: 14 September 2010
 Date: 15 September 2010

Dr Scott Williams
 Viewfield Medical Centre
 3 Viewfield Place
 Stirling
 FK8 1NJ

Dear Dr Williams

MR EXAMPLE 27/05/1964
A NUMBER AND ROAD, STIRLING POSTCODE

S	<p>Situation Mr Example was reviewed at the Heart Function Clinic today.</p>
B	<p>Background</p> <p>PMH Dilated cardiomyopathy 1991 Previous monomorphic VT Paroxysmal atrial fibrillation GJNH-SAHFS 2005 ICD implantation 2005 Permanent atrial fibrillation</p> <p>Aetiology Undetermined-thought to be viral</p> <p>Echocardiography (most recent) 20.04.2010 – Grossly dilated left ventricle with anterior akinesis and global hypokinesis, EF 19%.</p> <p>Vaccinations Annual influenza vaccination-2009 Once only Pneumococcal vaccination-2005</p> <p>Heart Failure Medication ACE/ARB- Ramipril 5mg twice daily Beta blocker- Carvedilol 50mg twice daily Diuretic- Torasemide 10mg daily Aldosterone antagonist- Eplerenone 25mg alternate days only (Did not tolerate Spironolactone due to gynaecomastia). Anticoagulation- Warfarin as INR</p> <p>Other medication Digoxin 125mcg daily</p> <p>Device therapy ICD implantation 2005</p>
A	<p>Assessment He feels better since commencing Eplerenone 25mg alternate days but he still describes NYHA Class 2/3 symptoms of dyspnoea/fatigue. No PND orthopnoea. No epigastric pressure felt. His chest was clear and there was no ankle oedema evident. His blood pressure was 98/60mmHg-</p>

	sitting and 104/68mmHg-standing. His heart rate was 70 and slightly irregular-apex and 52-radial pulse. He denied lightheadedness. His weight was 97kgs (down 1kg since last review).
R	<p>Recommendations As his renal function is satisfactory his dose of Eplerenone should be increased to 25mg daily. Please check U&Es again in 7-10 days.</p> <p><u>Future Plan</u> He continues to self-monitor his heart failure status. Consider further titration of Eplerenone</p> <p><u>Advice if patient's heart failure condition worsens</u> <u>IF</u> heart failure condition worsens and he is displaying signs of fluid overload please increase his dose of Torasemide in increments of 5mg daily if renal function permits.</p> <p><u>Follow up</u> HFC 6 weeks</p> <p>- if further discussion regarding this patient is required please call 📞01786 433670.</p>
P	<p>Patient Recommendations Patient advised to adhere to fluid allowance of 1.5 litres. Patient advised to measure and record daily weight. Patient advised to report if weight increases by 3lbs in 3 days. Patient advised to take no more than 1-2 units of alcohol per day. Patient advised about physical activity particularly in regard to pacing.</p>

Yours sincerely

Catherine Mondoia
Consultant Nurse Cardiology