



St John

Here for Life

Ingham Sears Care Centre
55-59 Totara Street
Mt. Maunganui 3116
07-572-8260

Advice of Ambulance Contact

*** ATTENTION GP ***

If this patient is not enrolled in your practice
or if you believe you have received this information in error
please notify the St John Referrals Coordinator at
info@stjohn.org.nz
or by phoning 0800 ST JOHN (0800 473 876)
and asking to speak to the Referrals Coordinator.

Patient Information

NHI Number: MNO5678 **Name:** Miss Cathy Summit **Ethnicity:** NZ European
Sex: F **DoB:** 16/02/1950 **Age:** 69 Years **Smoker:** N
Address: 213 Waihi Road
Judea
Tauranga 3110

Incident Information

Date and time of call: 31/01/2020 12:11 **Incident Number:** 0191-4-2020/01/31
Incident Location: 213 Waihi Road
Judea
Tauranga 3110 **ACS access code:** Y9-789-234-42
Location Type: Home **ACC Claim Number:**

Clinical Impression

Clinical impression: Peripheral oedema
Pain

Notes:

OA/ Pt presents alert and orientated, legs elevated. Pt has bilateral pitting oedema described as chronic. Able to mobilise normally on request without aides. Pt has a current plan from GP to get stockings and to increase Furosemide. Awaiting cardiac echo and blood results. Has been seen in ED and by GP on 30th Dec. Nil changes. Pt states sick of the swollen legs and associated pain.
A - Patent
B - RR=14. Lungs clear on auscultation.
C - Radial pulse strong and regular, 66 BPM. Pitting oedema present. Capillary refill >3 secs. Pain 5/10. Nil chest pain, 12 lead ECG NSR, nil acute ischaemic changes noted. Nil ascites, nil heat in legs on palpation. Describes some SOB when supine, nil problems sleeping. Nil headaches or dizziness. No recent coughs, colds or fevers. Nil other concerns.
Pt appears to be unaware of full plan and medical condition. Unable to comprehend that this is a chronic condition. Pt seems unsure about what the next steps are.
Has district nurse twice a week for dressings and has home help every day for assistance with ADLs. Meals on wheels delivers dinners 3 days a week. Able to mobilise to the bathroom independently through the day. House is cluttered but clean.
Pt very chatty with crew, asking questions. Appears lonely, states her son is sick of her calling so often. Crew called son regarding a GP appointment as ambulance transport was not appropriate this time. Pt became emotional when speaking to her son on phone. Son assured crew that he would arrange an appointment with the GP tomorrow.

Note to GP

Please consider a referral for Miss Summit's social needs.

History

Presenting Complaint: Leg pain **Date/time of onset:** Unknown

Incident history: Pt has ongoing peripheral pedal oedema related to CHF. Today describes increased pain.

Primary Survey

Status at Scene: 4-No threat to life **Responsiveness:** Alert **Airway:** Patent
Breathing: Effective **Circulation:** Normal **Blood Loss:** Nil

Past Medical History

Past medical history: Bipolar, CHF, NIDDM

Medications: Alendronate, Aspirin, Eltroxin, Epilem, Folic Acid, Furosemide, Gliclazide, Loperamide, Mirtazapine, Quetiapine, Simvastatin, Valproate, Vildagliptin

Allergies: NKA

Last oral intake: Unknown

Disposition

Final patient status: 4-No threat to life

Disposition: Treat and refer

Notes: Son to phone GP for an appointment. Call the ambulance back if your condition worsens. Consent gained to inform GP.