MERIDIAN GENERAL HOSPITAL

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PATIENT DEMOGRAPHICS & ADMISSION DETAILS

Patient Name:	Thomas E. Fletcher	**MRN:**	948-203-11A
Date of Birth:	October 14, 1968 (Age: 57)	**Gender:**	Male
Admission Date:	July 10, 2026	**Discharge Date:**	July 15, 2026
Attending MD:	Dr. Sarah Jenkins, MD, FACP	**Service:**	Cardiology
Referring MD:	Dr. Robert Vance, MD	**Facility:**	Meridian General

1. DISCHARGE DIAGNOSES

- **Primary Diagnosis:** Acute Coronary Syndrome (Non-ST-Elevation Myocardial Infarction — NSTEMI), successfully managed with percutaneous coronary intervention (PCI) and drug-eluting stent (DES) placement to the Left Anterior Descending (LAD) coronary artery.
- **Secondary Diagnoses:**
  - Essential Stage II Hypertension (controlled on discharge).
  - Hyperlipidemia (high-intensity statin therapy initiated).
  - Type 2 Diabetes Mellitus (optimized glycemic regimen).
  - Mild Chronic Kidney Disease (Stage II, baseline creatinine 1.2 mg/dL).

2. PROCEDURES PERFORMED

- **Left Heart Catheterization & Coronary Angiography** (July 11, 2026): Revealed 90% stenosis of the mid-Left Anterior Descending (LAD) coronary artery, with normal left ventricular systolic function (EF 55%).
- **Percutaneous Coronary Intervention (PCI)** (July 11, 2026): Deployment of a single drug-eluting stent (2.75 mm $\times$ 18 mm Everolimus-eluting stent) in the mid-LAD with 100% final luminal restoration and TIMI 3 flow.
- **Transthoracic Echocardiogram (TTE)** (July 12, 2026): Left ventricular ejection fraction (LVEF) calculated at 50–55% with mild anteroseptal hypokinesis. No significant valvular dysfunction.

3. HISTORY OF PRESENT ILLNESS (HPI)

Mr. Thomas E. Fletcher is a 57-year-old male with a significant past medical history of hypertension, hyperlipidemia, and type 2 diabetes mellitus who presented to the Emergency Department on July 10, 2026, after experiencing acute-onset substernal chest pressure that radiated to his left arm. The pain began approximately 2 hours prior to arrival while walking his dog. It was associated with diaphoresis, mild dyspnea, and nausea.

In the Emergency Department, his initial blood pressure was 165/95 mmHg, and heart rate was 88 bpm. Electrocardiogram (ECG) demonstrated T-wave inversions in the anterolateral leads without ST-segment elevation. Initial troponin-I was elevated at 1.45 ng/mL (normal < 0.04 ng/mL). The patient was started on a weight-based heparin infusion, received aspirin 325 mg, and was admitted to the Cardiac Care Unit under cardiology guidance for further intervention.

4. HOSPITAL COURSE & CLINICAL SUMMARY

Cardiac Management: Following admission, the patient remained chest-pain free on medical therapy (heparin, nitrates, and beta-blockers). On July 11, 2026, he underwent a diagnostic left heart catheterization. Angiography showed a focal 90% stenosis in the mid-LAD, which was successfully treated with a drug-eluting stent. Post-procedure, dual antiplatelet therapy (DAPT) was initiated with Aspirin 81 mg and Clopidogrel 75 mg daily. The patient was monitored in the coronary care unit for 24 hours post-procedure. Repeat troponin peaked at 4.20 ng/mL on July 12 and subsequently trended downward. He remained hemodynamically stable without recurrent chest pain or arrhythmia.

Cardiovascular/Metabolic Management: Home medications were reviewed and adjusted. Metformin was temporarily held prior to the cardiac catheterization and was resumed on July 13 after verifying stable renal function. Atorvastatin was increased to a high-intensity dose of 80 mg daily for secondary prevention. Blood pressure was titrated toward target (< 130/80 mmHg) using Lisinopril 20 mg daily, which was tolerated well without hypotension or hyperkalemia.

5. DISCHARGE MEDICATIONS

Please review the complete list of medications below. It is critical to take these medications exactly as prescribed to ensure proper healing of the heart.

Medication	Dosage & Route	Frequency	Indication & Special Instructions
Aspirin	81 mg Oral	Once Daily	**Antiplatelet:** Take with food. Do not stop without consulting cardiology.
Clopidogrel	75 mg Oral	Once Daily	**Antiplatelet (DAPT):** Dual antiplatelet therapy. Duration is 12 months minimum.
Atorvastatin	80 mg Oral	Once Daily (Night)	**Cholesterol Lowering:** High-intensity statin. Notify physician if muscle pain develops.
Lisinopril	20 mg Oral	Once Daily	**Blood Pressure / Heart Protection:** Monitor blood pressure. Report persistent dry cough.
Metoprolol Succinate	50 mg Oral	Once Daily	**Beta-Blocker / Heart Protection:** Slows heart rate and reduces workload. Do not skip doses.
Metformin	1000 mg Oral	Twice Daily	**Diabetes Management:** Take with morning and evening meals. Monitor blood glucose.

6. FOLLOW-UP CARE & APPOINTMENTS

Provider / Facility	Date / Time	Contact Info	Purpose
Dr. Sarah Jenkins (Cardiology)	July 22, 2026 @ 10:00 AM	(555) 019-2831	Post-discharge check, wound assessment (radial site).
Dr. Robert Vance (Primary Care)	August 5, 2026 @ 2:30 PM	(555) 014-9988	Routine diabetes check, comprehensive metabolic panel.
Meridian Diagnostics Lab	July 29, 2026 @ 8:00 AM	(555) 019-2000	Fasting Lipid Panel, BMP, and HbA1c.

⚠ WHEN TO SEEK IMMEDIATE MEDICAL ATTENTION

Go to the nearest Emergency Department or call 911 immediately if you experience:

- Recurrent chest pain, chest pressure, or tightness that is not relieved by rest.
- Severe shortness of breath, difficulty breathing, or sudden wheezing.
- Lightheadedness, dizziness, fainting, or sudden weakness.
- Uncontrolled bleeding, swelling, or redness at the cardiac catheterization radial access site.
- Rapid or irregular heartbeat accompanied by dizziness or sweating.

Dr. Sarah Jenkins, MD, FACP
Attending Cardiologist
Meridian General Hospital
Date: July 15, 2026

Thomas E. Fletcher
Patient / Representative

Date: July 15, 2026