

Discharge Summary

Patient: Jordan A. Ellery **DOB:** 04/12/1961 **MRN:** SAMPLE-004417 **Facility:** Lakeview General Hospital (fictional)

Admitted: 06/05/2026 **Discharged:** 06/09/2026 **Attending:** Dr. Samuel Achebe, Cardiology

Diagnoses

Principal: Acute on chronic heart failure with reduced ejection fraction (EF 30%).

Secondary: Type 2 diabetes mellitus; essential hypertension; chronic kidney disease stage 3b; hyperlipidemia.

Hospital Course

Second admission this year for volume overload after dietary indiscretion. Diuresed with IV furosemide. eGFR declined to 41; **metformin discontinued**. Started empagliflozin for both glycemic control and heart failure benefit. Furosemide increased. Discharge weight 87.0 kg.

Allergies

Penicillin (hives). Lisinopril (angioedema, 2019).

Discharge Medications

- **Furosemide** — Dose: 80 mg; Frequency: Once daily; Change: Increased
- **Empagliflozin** — Dose: 10 mg; Frequency: Once daily; Change: New
- **Losartan** — Dose: 50 mg; Frequency: Once daily
- **Metoprolol succinate** — Dose: 100 mg; Frequency: Once daily; Change: Increased
- **Atorvastatin** — Dose: 40 mg; Frequency: At bedtime
- **Aspirin** — Dose: 81 mg; Frequency: Once daily
- **Metformin** — Change: Stopped (eGFR 41)

Medication Changes Since January 2026 Discharge

Stopped: metformin 1000 mg twice daily (eGFR 41). New: empagliflozin 10 mg daily. Increased: furosemide from 40 mg to 80 mg daily; metoprolol succinate from 50 mg to 100 mg daily. Unchanged: losartan, atorvastatin, aspirin.

Follow-up

Cardiology clinic in 2 weeks. Repeat BMP in 1 week. Heart failure nurse phone call in 48 hours.