Discharge Summary

Name	Mark Smith
Date of birth	July 5, 1980
Medical record number	123456
Date of admission	July 20, 2024
Date of discharge	July 30, 2024
Reason for admission	Patient presented to the emergency department with severe chest pain radiating to the left arm, accompanied by shortness of breath and sweating. Initial EKG findings and elevated cardiac enzymes confirmed the diagnosis of Acute Myocardial Infarction (heart attack).
Procedures performed	Coronary Angiogram revealed a 90% stenosis in the left anterior descending (LAD) artery. Coronary Angioplasty and placement of a drug-eluting stent were successfully performed to reestablish blood flow.
Medications prescribed	Aspirin, 81 mg daily (antiplatelet agent for heart health) Atorvastatin, 40 mg daily (to manage cholesterol levels) Metoprolol, 50 mg twice daily (beta-blocker to control heart rate and blood pressure) Nitroglycerin, as needed (for chest pain relief)

Patient's condition at discharge	At discharge, the patient's condition was stable. Mild, intermittent chest discomfort was reported but significantly improved compared to admission. The patient was ambulatory and independent in performing activities of daily living. Vital signs were within normal range. Cardiac rhythm was sinus rhythm with no significant ectopy.
Follow-up care instructions	Medications: Continue all prescribed medications without interruption unless advised by a doctor. Diet: Follow a heart-healthy diet low in sodium, saturated fats, and simple carbohydrates. Exercise: Start with light walking, gradually increasing to moderate-intensity exercise for at least 30 minutes a day as tolerated. Lifestyle: Smoking cessation advised (if applicable), and stress management techniques recommended. Follow-up: Schedule an appointment with a cardiologist in 2 weeks and with the primary care physician within one week.
Summary of hospital stay	Patient was admitted with a diagnosis of acute myocardial infarction. He underwent coronary angioplasty with successful stent placement in the LAD artery. Post-procedure period was uneventful with a downward trend in cardiac enzymes and resolution of chest pain. Patient participated in counseling sessions with the dietician and the cardiac rehabilitation team for lifestyle modifications. Overall, the patient's condition improved significantly over the hospital stay. The plan is for the patient to continue recovery at home with close outpatient follow-up.