DUBAI GENERAL HOSPITAL

Department of Cardiology - Discharge Summary

PATIENT DETAILS

Patient name: Umar Siddiqui

MRN / File number: DGH-2026-0611

Date of birth: 22/02/1974 (Male, 52 years)

Nationality: Pakistan

Admission date: 24/11/2026

Discharge date: 27/11/2026

Ward: Cardiac Care Unit, then Cardiology Ward A, Bed 4

Attending physician: Dr. Noor Al Suwaidi, Consultant Interventional Cardiologist

DIAGNOSIS

Primary diagnosis: Acute inferior ST-elevation myocardial infarction (STEMI), treated with primary PCI and a drug-eluting stent to the right coronary artery on 24/11/2026.

Secondary: Hypertension, dyslipidaemia, ex-smoker (stopped on admission).

HOSPITAL COURSE

Presented to the emergency department with 2 hours of central crushing chest pain. ECG showed inferior ST elevation; taken directly for primary PCI with a drug-eluting stent to a 95% RCA lesion. Uncomplicated recovery on the Cardiac Care Unit. Echocardiogram: mild inferior hypokinesia, LVEF 48%. Pain-free and mobilising on the ward at discharge. Smoking cessation counselling given.

DISCHARGE MEDICATIONS

1. Aspirin 75 mg tablet - once daily in the morning, lifelong. Take after food.
2. Ticagrelor 90 mg tablet - twice daily (morning and evening) for 12 months. Do NOT stop without speaking to your cardiologist - the stent can block.
3. Atorvastatin 80 mg tablet - once daily at night.
4. Bisoprolol 2.5 mg tablet - once daily in the morning.
5. Ramipril 2.5 mg tablet - once daily at night. May cause a dry cough or dizziness.
6. Glyceryl trinitrate (GTN) 400 mcg spray - one or two sprays under the tongue when needed for chest pain. If pain lasts more than 15 minutes, call 998.

FOLLOW-UP

- Cardiology clinic (Dr. Al Suwaidi): in 2 weeks, by 11/12/2026, for review and blood pressure check.
- Cardiac rehabilitation programme: to start within 4 weeks of discharge, by 25/12/2026.
- Blood tests (lipid profile, kidney function): in 6 weeks, by 08/01/2027, at the outpatient laboratory.

WARNING SIGNS - SEEK IMMEDIATE MEDICAL ATTENTION IF YOU HAVE:

- Chest pain or pressure lasting more than 15 minutes, or not relieved by GTN spray
- Severe shortness of breath at rest or when lying flat
- Fainting, or a racing or irregular heartbeat

- Bleeding that will not stop, black or bloody stools, or vomiting blood
- Swelling, pain or a growing lump at the wrist puncture site
- Sudden weakness of the face, arm or leg, or difficulty speaking

LIFESTYLE INSTRUCTIONS

- Do not smoke. Nicotine replacement has been prescribed; the smoking cessation clinic will call you.
- Eat a heart-healthy diet: less salt, less fried food, more vegetables, fish and whole grains.
- Walk 10-15 minutes twice a day this week, increasing gradually as advised by cardiac rehab.
- Check your blood pressure daily and record it.

RESTRICTIONS

- No driving for 4 weeks.
- No lifting more than 5 kg for 2 weeks.
- Do not take ibuprofen, diclofenac or other anti-inflammatory painkillers - they increase bleeding risk with ticagrelor.

ACTIVITIES

- Carry your GTN spray with you at all times.
- Take every medicine exactly as listed, especially ticagrelor and aspirin.
- Keep your follow-up appointments.

Prepared by: Dr. Noor Al Suwaidi | Signed electronically 27/11/2026 11:05 | This is a fictional document for software testing.