

Brandon Gaston, MD

55 Fruit St

P:

Boston, MA

F:

To: (617) 716-8476

Date: 11/12/2025

Fax: 6177168476

Pages: 4

Subject: (no subject)

HOSPITAL DISCHARGE SUMMARY

Patient Name: John Smith

Date of Birth: 01/01/2001

MRN: 12345678

Date of Admission: 11/10/2025

Date of Discharge: 11/12/2025

Attending Physician: Dr. Emily Carter, MD

Primary Care Provider: Dr. Michael Andrews, MD

Admitting Diagnosis: Acute appendicitis

Discharge Diagnosis: Status post laparoscopic appendectomy for acute uncomplicated appendicitis

Reason for Admission

John Smith, a 24-year-old male with no significant past medical history, presented to the emergency department with a 24-hour history of right lower quadrant abdominal pain, nausea, and low-grade fever. Imaging (CT abdomen/pelvis) confirmed acute, non-perforated appendicitis.

Hospital Course

The patient was admitted for surgical management. He underwent a **laparoscopic appendectomy** on 11/10/2025 without intraoperative complications. Intraoperative findings included an inflamed, non-perforated appendix with minimal serosanguinous fluid. Estimated blood loss was <50 mL.

Postoperatively, he was monitored in the surgical ward. Pain was managed with IV acetaminophen and intermittent opioids for breakthrough pain. The patient tolerated oral intake on postoperative day 1 and was transitioned to oral analgesics. He was afebrile, ambulating independently, and voiding spontaneously at discharge.

Significant Diagnostic Tests

- **CT Abdomen/Pelvis:** Findings consistent with acute appendicitis; no abscess or perforation.
- **CBC:** WBC 13.2 K/uL on admission; normalized to 8.5 K/uL by discharge.
- **BMP:** Within normal limits.

Procedures

- **Laparoscopic Appendectomy**
 - Date: 11/10/2025
 - Surgeon: Dr. Emily Carter
 - Findings: Non-perforated, inflamed appendix
 - Complications: None

Condition at Discharge

- Afebrile, hemodynamically stable
- Incisions clean, dry, and intact
- Ambulating and tolerating regular diet

Discharge Medications

Start:

- Acetaminophen 650 mg PO q6h PRN mild pain
- Oxycodone 5 mg PO q6h PRN moderate to severe pain (max 3 days)

Continue:

- No chronic home medications

Stop:

- None

Discharge Instructions

- **Activity:** May resume light activities as tolerated. Avoid heavy lifting (>15 lbs) for 2 weeks.
- **Diet:** Regular diet as tolerated.
- **Wound Care:** Keep incisions clean and dry. May shower after 24 hours. Avoid soaking in tubs for one week.
- **Return Precautions:** Call or return to the emergency department if experiencing fever >101°F, increasing abdominal pain, wound redness, drainage, vomiting, or inability to tolerate food/fluids.

Follow-Up

- **General Surgery Clinic:** In 1 week for wound check and postoperative evaluation.
- **Primary Care Provider:** Within 2–4 weeks for routine care and health maintenance.

Summary

John Smith was admitted for acute appendicitis and underwent a successful laparoscopic appendectomy. His postoperative course was uneventful, and he was discharged in stable condition with instructions for wound care, pain management, and outpatient follow-up.

Physician Signature:

Dr. Emily Carter, MD

Department of General Surgery

Date: 11/12/2025