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Pages: 3

Subject: (no subject)

Camila Lopez

DISCHARGE SUMMARY**Patient:** Camila Lopez**DOB:** 03/02/1997**FHIR:** erXuFYUfucBZaryVksYEcMg3**External:** Z6129**MRN:** 203713**MyChart Login Username:** fhircamila**MyChart Login Password:** epicepic1**Admission Date:** 03/15/2025**Discharge Date:** 03/20/2025**Attending Physician:** Dr. Jonathan Mills, MD**Primary Diagnosis:** Community-Acquired Pneumonia (CAP)**Secondary Diagnoses:** Mild Dehydration, Vitamin D Deficiency**History of Present Illness (HPI):**

Ms. Camila Lopez, a 28-year-old female, was admitted with a five-day history of progressively worsening cough, low-grade fever, and fatigue. She reported shortness of breath on exertion and mild chest discomfort. No significant travel or exposure history was documented. She has no known drug allergies. Past medical history includes seasonal allergies and a remote history of asthma in childhood.

Admission Findings:

- **Vital Signs:** Temperature 101.2°F (38.4°C), Pulse 98 bpm, Blood Pressure 112/70 mmHg, Respiratory Rate 20 breaths per minute, Oxygen Saturation 92% on room air
- **Physical Exam:** Mild crackles on auscultation over the left lower lobe, no wheezing, normal heart sounds
- **Labs:** WBC elevated at 12,000/μL with neutrophil predominance, normal electrolytes except for mild hypokalemia, vitamin D level below normal range
- **Imaging:** Chest X-ray showed left lower lobe infiltrate consistent with pneumonia

Course of Treatment:

1. **Antibiotics:** Initiated intravenous ceftriaxone and oral azithromycin, later transitioned to oral antibiotics as symptoms improved.
2. **Supportive Care:** IV fluids administered for mild dehydration, along with electrolyte repletion (potassium).
3. **Respiratory Support:** Supplemental oxygen via nasal cannula for 48 hours until O2 saturation consistently measured above 94%.
4. **Other Medications:** Patients with a documented history of vitamin D deficiency were given daily supplementation (cholecalciferol).

PAGE 2**Hospital Course and Response to Treatment:**

- Patient's fever resolved by the third hospital day.
- Oxygen requirements decreased substantially, and she was able to maintain adequate oxygen saturation on room air by day four.
- Serial chest auscultations indicated improving breath sounds, with resolution of crackles over the affected area.
- Repeat lab work on day three revealed WBC trending down to 9,500/μL, and electrolytes returned to normal ranges.

Consultations:

- **Pulmonology:** Consulted to rule out any complications and confirm the most appropriate antibiotic regimen. Supported the decision to continue short-course antibiotic therapy.
- **Nutrition:** Evaluated for dietary recommendations to improve vitamin D and overall nutritional status.

Follow-Up Testing:

- A follow-up chest X-ray was performed on day five. Though residual infiltration was noted, significant improvement was evident compared to admission imaging.

Discharge Medications:

1. **Oral Antibiotic:** Levofloxacin 500 mg once daily for 5 more days
2. **Vitamin D Supplement:** Cholecalciferol 2,000 IU daily
3. **Multivitamin:** Once daily with meals

Patient Education and Counseling:

- Advised on the importance of completing the prescribed antibiotic course.
- Reviewed daily fluid intake requirements to avoid dehydration.
- Emphasized practicing good respiratory hygiene (hand washing, using tissues when coughing).
- Informed about the need for regular, safe sun exposure, and a diet rich in calcium and vitamin D.

PAGE 3**Discharge Condition:**

Ms. Lopez was hemodynamically stable, afebrile, and ambulating without difficulty at discharge. She reported feeling considerably better and was comfortable breathing room air with an oxygen saturation of 98%.

Recommended Follow-Up and Appointments:

1. **Primary Care Physician (PCP):** Schedule a follow-up visit within one week of discharge for ongoing monitoring of recovery and evaluation of vitamin D supplementation.
2. **Pulmonology:** An outpatient appointment in four weeks to assess any residual pulmonary issues and possibly repeat imaging if indicated.
3. **Nutrition Counseling:** An optional follow-up for personalized dietary planning.

Instructions Upon Discharge:

- Continue oral antibiotics as prescribed.
- Monitor temperature at home; seek medical attention if fever ($>100.4^{\circ}\text{F}/38^{\circ}\text{C}$) recurs or if breathing difficulties worsen.
- Use MyChart for communicating non-urgent questions with the care team, reviewing lab results, and scheduling appointments.
- Increase rest for one week, gradually resume normal activities as tolerated.

Contact Information:

- **Hospital Main Line:** (555) 123-4567
- **24/7 Nurse Helpline:** (555) 765-4321

Electronically Signed By:

Dr. Jonathan Mills, MD

Date: 03/20/2025

DISCLAIMER: This discharge summary is a fictitious document created for training and testing purposes only. Any resemblance to real persons or events is purely coincidental.