El Camino Health
2500 Grant Road, Mountain View, CA 94040
Tel: (650) 940-7000 | Fax: (650) 940-7001

PATIENT DISCHARGE SUMMARY

Patient Name: Tran Van Duc

Date of Birth: 04/18/1955

MRN: ECH-2026-55019

Admission Date: 03/08/2026

Discharge Date: 03/12/2026

Attending Physician: Dr. Priya Ramanathan, MD (Hospital Medicine)

Primary Language: Vietnamese

Discharge Disposition: Home with home health nursing

Prior Admission: El Camino Health, 01/19-01/27/2026 (Acute ischemic stroke with thrombectomy)

PRINCIPAL DIAGNOSIS

Sepsis secondary to complicated urinary tract infection (E. coli bacteremia). Urine culture: E. coli > 100,000 CFU/mL, susceptible to ceftriaxone and ciprofloxacin. Blood culture: E. coli (same susceptibility). Likely contributing factor: neurogenic bladder with incomplete emptying secondary to prior stroke (post-void residual 180 mL on bladder scan). Patient met SIRS criteria on admission: fever 39.4°C, heart rate 112, WBC 18,200, lactate 2.8 mmol/L.

RELEVANT MEDICAL HISTORY

- Acute ischemic stroke, left MCA, January 2026 (treated with tPA + thrombectomy)
- Residual right-sided weakness (4/5 strength, improving with PT/OT)
- Mild expressive aphasia (improving with speech therapy)
- Atrial fibrillation on apixaban
- Hypertension, Type 2 diabetes (A1c 7.9%)
- Neurogenic bladder (newly diagnosed this admission)

HOSPITAL COURSE

Patient brought in by family with confusion, fever, and decreased oral intake over 2 days. Family noted he seemed "more confused than usual" and was not eating. ED workup revealed sepsis of urinary source. Apixaban was held during acute illness. IV ceftriaxone and aggressive fluid resuscitation initiated. Blood pressure supported without vasopressors. Blood cultures cleared by day 2. Bladder scan revealed elevated post-void residuals (180 mL), suggesting neurogenic bladder contributing to recurrent infections. Urology consulted: recommended clean intermittent catheterization (CIC) training for family. Patient's wife trained on CIC technique by nursing staff. Transitioned to oral ciprofloxacin on day 3. Mental status returned to baseline by day 3. Apixaban restarted. Discharged with visiting nurse to support CIC and monitor recovery.

DISCHARGE MEDICATIONS

- Ciprofloxacin (Cipro) 500 mg - Take by mouth twice daily for 10 MORE days (through March 22). Take 2 hours before or after antacids, dairy, or calcium supplements. Complete the FULL course.
- Apixaban (Eliquis) 5 mg - Take by mouth twice daily. RESUMED. Do not skip. Critical for stroke and AFib.
- Amlodipine 10 mg - Take by mouth once daily. No change.
- Lisinopril 20 mg - Take by mouth once daily. No change.
- Atorvastatin 80 mg - Take by mouth at bedtime. No change.
- Metformin 500 mg - Take by mouth twice daily with meals. No change.

• Sertraline 50 mg - Take by mouth once daily in the morning. DOSE INCREASED from 25 mg (per psychiatry recommendation during this admission).

• Tamsulosin (Flomax) 0.4 mg - Take by mouth at bedtime. NEW — helps bladder empty more completely.

FOLLOW-UP APPOINTMENTS

• Primary Care: Dr. Nguyen Minh - March 16, 2026 at 11:00 AM - Community Health Center, 800 California St - Repeat urine culture, renal function, antibiotic follow-up

• Urology: Dr. Mark Stevens - March 25, 2026 at 2:00 PM - El Camino Urology Associates - Bladder function testing (urodynamics), long-term catheterization plan

• Neurology: Dr. Catherine Kim - Already scheduled April visit - Update on post-stroke recovery and new bladder complications

• Home Health Nursing: Will visit within 24 hours to assess CIC technique, wound care, and medication compliance

CLEAN INTERMITTENT CATHETERIZATION (CIC) INSTRUCTIONS

• WHY: After your stroke, your bladder does not empty completely on its own. The urine that stays behind can grow bacteria and cause serious infections like the one that brought you to the hospital.

• WHEN: Perform CIC every 6 hours (4 times per day): morning, noon, evening, and before bed. Also do it if you feel like your bladder is full but cannot urinate.

• HOW: Wash hands thoroughly. Clean the catheter tip with the provided antiseptic wipes. Gently insert the catheter and drain urine into the toilet or container. Remove slowly. Clean and store the catheter as taught.

• The visiting nurse will supervise the first several days and ensure you and your wife are comfortable with the technique.

• Call the doctor if the catheter will not go in, if you see blood in the urine, or if you develop fever.

WARNING SIGNS - RETURN TO THE ER

■ **Fever over 100.4°F (recurrent UTI or sepsis)**

■ **Confusion or mental status change (even subtle — family should monitor closely)**

■ **Inability to urinate for more than 8 hours despite CIC attempt**

■ **Blood in urine that does not clear after catheterization**

■ **Severe flank pain or lower abdominal pain**

■ **Any NEW stroke symptoms: face drooping, arm weakness, speech difficulty (call 911 immediately)**

■ **Shaking chills or feeling very cold even when bundled up (rigors — may indicate bloodstream infection)**