

Lucile Packard Children's Hospital Stanford

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PATIENT DISCHARGE SUMMARY

Patient Name: Arjun Sharma (Minor - Parent: Priya Sharma)

Date of Birth: 06/14/2019

MRN: LPCH-2026-88203

Admission Date: 03/18/2026

Discharge Date: 03/19/2026

Attending Physician: Dr. Rebecca Liu, MD
(Pediatric Pulmonology)

Primary Language: Hindi

Discharge Disposition: Home with parents

Prior Admission: LPCH, 01/25-01/27/2026 (Severe asthma exacerbation)

PRINCIPAL DIAGNOSIS

Moderate-to-severe croup (acute laryngotracheobronchitis) with stridor at rest. Parainfluenza virus type 1 detected on respiratory panel. Westley Croup Score on arrival: 7 (stridor at rest, moderate retractions, mild cyanosis on crying). Complicated by underlying severe persistent asthma with reactive airway component.

HOSPITAL COURSE

Arjun was brought to the ED at 2 AM with barking cough, inspiratory stridor, and labored breathing that worsened despite cool mist humidifier at home. In the ED, SpO₂ was 91% on room air. Received nebulized racemic epinephrine (2.25%, 0.5 mL) with good response — stridor improved within 15 minutes. Oral dexamethasone 0.6 mg/kg given. Admitted for observation given need for racemic epinephrine (risk of rebound), underlying asthma, and prior ICU-level admission 7 weeks ago. Monitored on continuous pulse oximetry. Required one additional racemic epinephrine treatment at 8 AM. By afternoon, stridor had resolved completely at rest. Barking cough persisted but less frequent. SpO₂ stable at 96-98% on room air. Tolerating fluids. Discharged the following morning.

DISCHARGE MEDICATIONS

- Dexamethasone 0.15 mg/kg (2 mg) - Give by mouth once daily for 2 more days (March 20 and 21). Liquid formulation. Can mix with juice to improve taste.
- CONTINUE Fluticasone (Flovent) 110 mcg - 2 puffs inhaled twice daily via spacer with mask. Do NOT stop the controller inhaler.
- CONTINUE Montelukast (Singulair) 4 mg chewable - Give at bedtime.
- CONTINUE Albuterol (ProAir) inhaler - 2 puffs via spacer every 4-6 hours as needed for coughing or wheezing. Note: Albuterol helps the asthma component but does NOT help croup stridor.
- CONTINUE Cetirizine (Zyrtec) 5 mg - Give once daily for allergies.
- Cool mist humidifier - Run in Arjun's bedroom at night for the next 5-7 days.

FOLLOW-UP APPOINTMENTS

- Pediatrician: Dr. Anita Desai - March 21, 2026 at 9:00 AM - Palo Alto Medical Foundation Pediatrics - Post-discharge check, assess for secondary bacterial infection
- Pediatric Pulmonology: Dr. Rebecca Liu - April 9, 2026 at 3:30 PM (already scheduled from prior visit) - Ongoing asthma management, discuss whether to step up controller therapy given frequency of respiratory admissions

PARENT INSTRUCTIONS FOR CROUP MANAGEMENT

- CROUP vs. ASTHMA: Croup causes a barking seal-like cough and a high-pitched noise when breathing IN (stridor). Asthma causes wheezing when breathing OUT. Arjun can have both at the same time.

- Cool mist humidifier: Run it in the bedroom at night. If Arjun wakes with stridor, take him to the bathroom and run a hot shower to create steam (sit near the steam, do not put him in hot water). Alternatively, take him outside into cool night air for 10-15 minutes.
- Croup typically peaks on nights 2-3 of the illness and then gradually improves. Arjun is currently on night 4, so the worst should be over.
- Keep Arjun calm. Crying and agitation worsen stridor. Comfort him, hold him upright, read a story, use a quiet voice.
- Offer frequent small sips of fluids. Popsicles and cold drinks can soothe the throat.
- The dexamethasone (steroid) will reduce airway swelling for the next 2-3 days. Complete the full course.
- Keep Arjun home from preschool until the barking cough resolves AND he has been fever-free for 24 hours.

WARNING SIGNS - CALL 911 OR RETURN TO THE ER

- Stridor (high-pitched noise when breathing in) that is present at REST and not improving with cool mist or steam
- Skin between the ribs or above the collarbones is sucking in visibly with each breath (retractions)
- Lips, tongue, or fingernails turn blue or gray
- Arjun is drooling and unable to swallow (may indicate epiglottitis, a different emergency)
- Extreme agitation followed by sudden calmness or limpness (sign of exhaustion/respiratory failure)
- Fever above 104°F that does not respond to Tylenol/Motrin
- If in doubt, CALL 911. Better to be safe than sorry with a child who has a history of severe respiratory episodes.

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