

PATIENT DISCHARGE SUMMARY

Patient Name: Aisha Rahman

Date of Birth: 03/14/1958

MRN: VMC-2026-44218

Admission Date: 01/22/2026

Discharge Date: 01/27/2026

Attending Physician: Dr. Robert Nakamura, MD
(Cardiology)

Primary Language: Urdu

Discharge Disposition: Home with home health services

PRINCIPAL DIAGNOSIS

Acute decompensated congestive heart failure (CHF), NYHA Class III, secondary to non-ischemic dilated cardiomyopathy. Left ventricular ejection fraction (LVEF) 30% on echocardiogram (down from 40% in September 2025). Associated with bilateral lower extremity edema, paroxysmal nocturnal dyspnea, and 12-pound weight gain over 2 weeks.

SECONDARY DIAGNOSES

- Type 2 diabetes mellitus, A1c 7.8%
- Chronic kidney disease, Stage 3a (eGFR 52 mL/min)
- Atrial fibrillation, rate-controlled
- Hyperlipidemia

HOSPITAL COURSE

Patient presented to the ED with worsening shortness of breath and bilateral lower extremity swelling. Chest X-ray showed bilateral pleural effusions and pulmonary vascular congestion. BNP was elevated at 1,847 pg/mL. Patient was admitted to the cardiac step-down unit and started on IV furosemide drip at 10 mg/hr with aggressive diuresis. Over 5 days, patient was diuresed 8.2 liters with improvement in symptoms. Transitioned to oral diuretics on hospital day 4. Carvedilol was uptitrated. Sacubitri/Valsartan was initiated at low dose. Patient was euvolemic at discharge with improved exercise tolerance.

DISCHARGE MEDICATIONS

- Furosemide (Lasix) 40 mg - Take by mouth twice daily (morning and afternoon). Take with food.
- Carvedilol (Coreg) 12.5 mg - Take by mouth twice daily with meals. Do not stop suddenly.
- Sacubitri/Valsartan (Entresto) 24/26 mg - Take by mouth twice daily. NEW MEDICATION.
- Spironolactone (Aldactone) 25 mg - Take by mouth once daily in the morning.
- Apixaban (Eliquis) 5 mg - Take by mouth twice daily for atrial fibrillation. Do not skip doses.
- Metformin 1000 mg - Take by mouth twice daily with meals for diabetes.
- Atorvastatin (Lipitor) 40 mg - Take by mouth once daily at bedtime.
- Potassium chloride (KCl) 20 mEq - Take by mouth once daily. Required while on Lasix.

FOLLOW-UP APPOINTMENTS

- Cardiology: Dr. Robert Nakamura - February 3, 2026 at 10:30 AM - Valley Medical Center Cardiology Clinic, Suite 240 - Post-discharge heart failure check
- Primary Care: Dr. Sarah Iqbal - February 7, 2026 at 2:00 PM - Sunnyvale Family Medicine, 456 Mathilda Ave - Medication review and labs

- Lab Work: Basic metabolic panel and BNP level - February 5, 2026 at 8:00 AM (fasting) - Valley Medical Center Lab, Ground Floor

DAILY SELF-CARE INSTRUCTIONS

- Weigh yourself every morning before eating, after using the bathroom. Record your weight daily.
- Restrict fluid intake to 1.5 liters (about 6 cups) per day.
- Follow a low-sodium diet: no more than 2,000 mg of sodium per day. Avoid canned soups, processed meats, soy sauce, and fast food.
- Elevate your legs when sitting for prolonged periods.
- Walk for 10-15 minutes twice daily as tolerated. Rest if you feel short of breath.
- Take all medications exactly as prescribed. Use a pill organizer to stay on track.
- Do not take ibuprofen (Advil/Motrin) or naproxen (Aleve) as these worsen heart failure.

WARNING SIGNS - SEEK IMMEDIATE MEDICAL ATTENTION

- Weight gain of more than 3 pounds in one day or 5 pounds in one week
- Increased shortness of breath, especially when lying down
- New or worsening swelling in legs, ankles, or abdomen
- Chest pain or pressure
- Feeling dizzy, lightheaded, or fainting
- Persistent cough or wheezing that is new
- Confusion or difficulty thinking clearly

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