

Kaiser Permanente Santa Clara Medical Center

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PATIENT DISCHARGE SUMMARY

Patient Name: Olga Petrov

Date of Birth: 09/02/1952

MRN: KP-2026-33691

Admission Date: 01/21/2026

Discharge Date: 01/26/2026

Attending Physician: Dr. James Okafor, MD
(Pulmonology)

Primary Language: Russian

Discharge Disposition: Home with supplemental oxygen

PRINCIPAL DIAGNOSIS

Acute exacerbation of chronic obstructive pulmonary disease (COPD), GOLD Stage III (severe), complicated by right lower lobe community-acquired pneumonia. Sputum culture positive for *Streptococcus pneumoniae*. FEV1 on admission 32% predicted.

SECONDARY DIAGNOSES

- Chronic respiratory failure with long-term supplemental oxygen requirement
- Osteoporosis (likely steroid-induced)
- Gastroesophageal reflux disease (GERD)
- Former smoker: 40 pack-year history, quit 2018

HOSPITAL COURSE

Patient presented with 4-day history of worsening dyspnea, productive cough with purulent sputum, and low-grade fever. Admitted with O2 saturation 84% on room air. Started on IV levofloxacin and systemic corticosteroids. Nebulizer treatments Q4H with albuterol and ipratropium. Required 4L nasal cannula initially, weaned to 2L. Completed 5-day course of IV antibiotics, transitioned to oral. Prednisone taper initiated. Oxygen requirement at discharge: 2L NC with ambulation (resting SpO2 93%).

DISCHARGE MEDICATIONS

- Levofloxacin (Levaquin) 750 mg - Take by mouth once daily for 3 more days (finish remaining course). Take 2 hours before or after antacids/dairy.
- Prednisone taper: 30 mg daily x 3 days, then 20 mg daily x 3 days, then 10 mg daily x 3 days, then stop. Take in the morning with food.
- Tiotropium (Spiriva HandiHaler) 18 mcg - Inhale 1 capsule once daily. Do NOT swallow capsule.
- Fluticasone/Vilanterol (Breo Ellipta) 100/25 mcg - Inhale once daily. Rinse mouth after use to prevent thrush.
- Albuterol (ProAir) HFA inhaler - Inhale 2 puffs every 4-6 hours as needed for shortness of breath. Use spacer.
- Omeprazole (Prilosec) 20 mg - Take by mouth once daily 30 minutes before breakfast.
- Calcium 600 mg + Vitamin D 400 IU - Take by mouth once daily for bone health.
- Guaifenesin (Mucinex) 600 mg - Take by mouth twice daily for mucus clearance. Drink plenty of water.

FOLLOW-UP APPOINTMENTS

- Pulmonology: Dr. James Okafor - February 5, 2026 at 3:00 PM - KP Pulmonary Clinic, Building 2, 2nd Floor - Spirometry testing, bring all inhalers
- Primary Care: Dr. Elena Volkov - February 10, 2026 at 9:30 AM - KP Santa Clara Internal Medicine - Steroid taper follow-up and bone density discussion

- Chest X-ray: February 12, 2026 at 8:00 AM - KP Radiology, Ground Floor - No appointment needed, walk-in

HOME CARE INSTRUCTIONS

- Use supplemental oxygen at 2 liters per minute via nasal cannula during activity and sleep. Keep portable oxygen tank available when leaving home.
- Practice pursed-lip breathing: breathe in through nose for 2 counts, out through pursed lips for 4 counts. Do this whenever short of breath.
- Use the incentive spirometer 10 times every waking hour to keep lungs expanded.
- Proper inhaler technique: shake inhaler, breathe out fully, press inhaler while breathing in slowly, hold breath for 10 seconds. Wait 1 minute between puffs.
- Avoid smoke, dust, strong odors, and very cold air. Wear a scarf over your mouth in cold weather.
- Get the pneumonia vaccine and annual flu vaccine when eligible. Avoid people who are sick.
- Eat small, frequent meals. Large meals can make breathing harder.

WARNING SIGNS - CALL 911 OR GO TO THE ER

- Severe shortness of breath not relieved by rescue inhaler after 3 attempts
- Lips or fingertips turning blue or gray
- Confusion, extreme drowsiness, or difficulty staying awake
- Fever above 101 degrees Fahrenheit
- Coughing up blood or large amounts of bloody sputum
- Chest pain or tightness
- Oxygen saturation below 88% on pulse oximeter (if available)

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