

# General Medical Center

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## PATIENT DISCHARGE SUMMARY

**Patient Name:**

Wei Zhang

**Date of Birth:**

02/14/1955

**MRN:**

GMC-2026-88473

**Admission Date:**

01/24/2026

**Discharge Date:**

01/30/2026

**Attending Physician:**

Dr. James Lee, MD (Pulmonology)

**Primary Language:**

Mandarin

**Discharge Disposition:**

Home with oxygen therapy

### PRINCIPAL DIAGNOSIS

Community Acquired Pneumonia (CAP), left lower lobe, moderate severity. Streptococcus pneumoniae isolated from sputum culture. Required supplemental oxygen during admission.

### SECONDARY DIAGNOSES

- Chronic obstructive pulmonary disease (COPD), moderate
- Former tobacco use (quit 2018)
- Hypoxemic respiratory failure (resolved)

### HOSPITAL COURSE

Patient presented with 5 days of productive cough, fever, and progressive dyspnea. Chest X-ray demonstrated left lower lobe consolidation. SpO2 was 88% on room air. Started on supplemental oxygen and IV ceftriaxone plus azithromycin. Sputum culture grew S. pneumoniae. Patient improved over 6 days with defervescence by day 3. Oxygen requirements decreased. Transitioned to oral antibiotics and discharged on portable oxygen for home use.

### DISCHARGE MEDICATIONS

- Levofloxacin 750 mg - Take by mouth once daily. Complete full 5-day course.
- Albuterol HFA Inhaler - Inhale 2 puffs every 4-6 hours as needed for wheezing.
- Prednisone 40 mg - Take by mouth once daily for 5 days, then discontinue.
- Supplemental oxygen - Use at 2L/min via nasal cannula during activity and sleep.

### FOLLOW-UP APPOINTMENTS

- Pulmonary Clinic: Dr. James Lee - February 18, 2026 at 1:00 PM - Pulmonary Medicine Associates - Repeat Chest X-Ray same day
- Respiratory Therapy: Home oxygen evaluation - February 5, 2026 (technician will call to schedule)

### DAILY SELF-CARE INSTRUCTIONS

- Finish all antibiotics even if you feel better.
- Use the incentive spirometer 10 times per hour while awake to prevent lung collapse.
- Rest and increase fluids to stay hydrated.
- Monitor your temperature twice daily and record results.
- Use supplemental oxygen as prescribed; do not adjust flow rate without consulting your doctor.

### WARNING SIGNS - SEEK IMMEDIATE MEDICAL ATTENTION

- n Coughing up blood (hemoptysis)
- n Sharp chest pain that worsens with breathing (pleuritic pain)
- n Oxygen saturation dropping below 90% on your home pulse oximeter
- n Fever returning after initially improving
- n Confusion or altered mental status