Zuckerberg San Francisco General Hospital

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PATIENT DISCHARGE SUMMARY

Patient Name: Amadou Diallo

Date of Birth: 12/05/1994

MRN: SFGH-2026-20074

Admission Date: 01/22/2026

Discharge Date: 01/26/2026

Attending Physician: Dr. Priscilla Owusu, MD (Hematology)

Primary Language: French

Discharge Disposition: Home

PRINCIPAL DIAGNOSIS

Acute vaso-occlusive crisis (VOC) with severe pain involving bilateral lower extremities, lower back, and chest. Hemoglobin SS disease. Hemoglobin on admission: 6.8 g/dL (baseline 8.5). Reticulocyte count 12%. Chest X-ray negative for acute chest syndrome. LDH elevated at 580 U/L. No evidence of splenic sequestration.

HOSPITAL COURSE

Patient presented with diffuse body pain rated 10/10, worse in the lower extremities and back, ongoing for 2 days despite home management. Pain was managed with IV hydromorphone PCA transitioned to oral opioids on day 3. Aggressive IV hydration with D5 1/2 NS at 150 mL/hr for first 48 hours. Received 1 unit packed RBCs for symptomatic anemia (Hgb nadir 6.2). Hydroxyurea was continued. Pain improved to 4/10 on oral medications. Patient ambulating independently and tolerating diet.

DISCHARGE MEDICATIONS

• Hydroxyurea (Droxia) 1000 mg - Take by mouth once daily. This is your long-term sickle cell medication. CRITICAL: Do not stop taking. Use reliable contraception while taking this medication.

• Oxycodone 10 mg - Take by mouth every 4-6 hours as needed for moderate-to-severe pain. Use your pain scale to guide usage.

• Ibuprofen 600 mg - Take by mouth every 8 hours as needed for mild-to-moderate pain. Take with food. Use BEFORE opioids when possible.

• Folic acid 1 mg - Take by mouth once daily. Supports red blood cell production.

• Gabapentin 300 mg - Take by mouth three times daily for neuropathic pain component.

• Docusate/Senna - Take 1 tablet by mouth at bedtime while taking opioids to prevent constipation.

• Penicillin VK 250 mg - Take by mouth twice daily for infection prevention (asplenic prophylaxis).

FOLLOW-UP APPOINTMENTS

• Hematology: Dr. Priscilla Owusu - February 4, 2026 at 11:00 AM - SFGH Hematology Clinic, Building 80, 1st Floor - CBC, reticulocyte count, hemoglobin electrophoresis

• Primary Care: Dr. Jean-Baptiste Moreau - February 9, 2026 at 3:00 PM - SFGH Adult Primary Care, Building 80, 3rd Floor - Medication review and preventive care

• Ophthalmology: Schedule annual sickle cell retinopathy screening - Call (415) 206-8700

SICKLE CELL MANAGEMENT AT HOME

• Stay well-hydrated: Drink at least 10-12 glasses of water daily. Carry a water bottle at all times. Dehydration is the #1 trigger for pain crises.

• Avoid extreme temperatures: Do not swim in cold water, avoid going outside in very cold weather without dressing warmly in layers.

• Avoid high altitudes (over 5,000 feet) including unpressurized aircraft cabins.

• Get adequate rest: 7-8 hours of sleep nightly. Avoid overexertion but stay moderately active.

• Pain management at home: At first sign of a crisis, start drinking extra fluids, take ibuprofen, apply warm (not hot) compresses, rest. Escalate to oxycodone if pain exceeds 5/10.

• Infection prevention: Wash hands frequently. Avoid contact with sick individuals. Stay current on vaccinations (flu, COVID, pneumococcal).

• Attend all scheduled appointments and lab work. Regular monitoring is essential.

WARNING SIGNS - GO TO THE ER IMMEDIATELY

- **Fever over 101 degrees Fahrenheit (sickle cell patients are at high risk for life-threatening infections)**
- **Pain not controlled with home medications after 2 hours**
- **Chest pain, shortness of breath, or rapid breathing (possible acute chest syndrome)**
- **Sudden severe headache, weakness on one side, or difficulty speaking (possible stroke)**
- **Sudden vision changes in one or both eyes**
- **Persistent painful erection lasting more than 4 hours (priapism - urologic emergency)**
- **Sudden enlargement or pain in the left side of abdomen (splenic sequestration)**
- **Extreme fatigue, pallor, or dizziness (may indicate worsening anemia)**