

## PATIENT DISCHARGE SUMMARY

**Patient Name:** Keiko Tanaka

**Date of Birth:** 02/28/1979

**MRN:** SQ-2026-12847

**Admission Date:** 01/23/2026

**Discharge Date:** 01/28/2026

**Attending Physician:** Dr. Michael Brennan, MD  
(Gastroenterology)

**Primary Language:** Japanese

**Discharge Disposition:** Home

### PRINCIPAL DIAGNOSIS

Acute gallstone pancreatitis (moderately severe). Lipase on admission: 2,840 U/L (normal <60). CT abdomen/pelvis showed peripancreatic fat stranding and a 1.2 cm gallstone impacted at the ampulla of Vater. ERCP performed on hospital day 2 with successful stone extraction and biliary sphincterotomy. Subsequent cholecystectomy deferred to outpatient setting after inflammation resolves.

### HOSPITAL COURSE

Patient presented with severe epigastric pain radiating to the back, nausea, and vomiting. Managed NPO initially with aggressive IV fluid resuscitation (lactated Ringer's). Pain controlled with IV hydromorphone PCA. ERCP performed on day 2 without complications. Diet advanced from clear liquids to low-fat solid food by day 4, which was well tolerated. Lipase trended down to 280 U/L. Patient is tolerating a low-fat diet and pain is controlled with oral medications.

### DISCHARGE MEDICATIONS

- Hydrocodone/Acetaminophen (Norco) 5/325 mg - Take 1-2 tablets by mouth every 6 hours as needed for pain. Do not exceed 8 tablets per day. Do not drink alcohol. May cause drowsiness.
- Ondansetron (Zofran) 4 mg - Take by mouth every 8 hours as needed for nausea.
- Ursodiol (Actigall) 300 mg - Take by mouth twice daily with meals. This dissolves small gallstones and prevents new ones until surgery.
- Omeprazole (Prilosec) 20 mg - Take by mouth once daily in the morning before eating.
- Pancrelipase (Creon) 24,000 units - Take by mouth with each meal and snack if you experience oily stools or bloating. Swallow whole, do not crush.

### FOLLOW-UP APPOINTMENTS

- Gastroenterology: Dr. Michael Brennan - February 11, 2026 at 4:00 PM - Sequoia GI Associates, 170 Alameda de las Pulgas, Suite 200 - Review labs and discuss cholecystectomy timing
- Surgery Consultation: Dr. Patricia Huang - February 18, 2026 at 1:00 PM - Sequoia Surgical Group, Suite 310 - Pre-operative evaluation for laparoscopic cholecystectomy (gallbladder removal)
- Lab Work: Lipase, liver function panel, CBC - February 9, 2026, fasting - Sequoia Lab, Ground Floor, walk-in 7am-4pm

### DIETARY AND LIFESTYLE INSTRUCTIONS

- Follow a strict LOW-FAT diet until after gallbladder surgery. Limit fat to less than 30 grams per day.
- Foods to AVOID: fried foods, butter, cream, full-fat cheese, fatty meats (bacon, sausage, ribs), fast food, pastries, ice cream, coconut oil, and heavy sauces.
- Foods that are SAFE: grilled/baked chicken breast, fish, rice, oatmeal, fruits, vegetables, egg whites, low-fat yogurt, whole wheat bread, clear soups.

- Eat 5-6 small meals throughout the day instead of 3 large meals.
- Absolutely NO alcohol until cleared by Dr. Brennan. Alcohol can trigger another pancreatitis episode, which could be life-threatening.
- Stay well-hydrated: drink at least 8 glasses of water per day.
- Limit caffeine to 1 cup of coffee or tea per day.

#### **WARNING SIGNS - RETURN TO THE ER IMMEDIATELY**

- Severe abdominal pain (similar to or worse than what brought you to the hospital)
- Persistent vomiting or inability to keep food/liquids down for more than 12 hours
- Fever over 101 degrees Fahrenheit or chills
- Yellowing of skin or eyes (jaundice)
- Dark brown urine or clay-colored stools
- Abdominal swelling or bloating that worsens

---

*This document contains confidential patient health information. Unauthorized disclosure is prohibited under HIPAA regulations.*