

# Kaiser Permanente Santa Clara Medical Center

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## PATIENT DISCHARGE SUMMARY

**Patient Name:** Olga Petrov

**Attending Physician:** Dr. Ravi Krishnamurthy, MD  
(Orthopedic Surgery)

**Date of Birth:** 09/02/1952

**Primary Language:** Russian

**MRN:** KP-2026-33691

**Discharge Disposition:** Skilled Nursing Facility  
(Pacific Gardens SNF) for 2-3 weeks rehabilitation

**Admission Date:** 03/05/2026

**Prior Admission:** KP Santa Clara, 01/21-01/26/2026  
(COPD exacerbation with pneumonia)

**Discharge Date:** 03/10/2026

### PRINCIPAL DIAGNOSIS

Left intertrochanteric hip fracture (AO/OTA 31-A2.1) secondary to ground-level fall. Patient fell while coughing forcefully during an episode of dyspnea. Mechanism: standing at kitchen counter, sudden coughing fit caused loss of balance, fell onto left side. X-ray and CT confirmed displaced intertrochanteric fracture of the left proximal femur.

### PROCEDURE PERFORMED

Open reduction and internal fixation (ORIF) of left intertrochanteric hip fracture using a cephalomedullary nail (Synthes TFN-ADVANCED). Performed 03/06/2026. General anesthesia with careful pulmonary management. Intraoperative fluoroscopy confirmed anatomic reduction. EBL 250 mL. No intraoperative complications. Anesthesia team managed bronchospasm risk given COPD history.

### RELEVANT MEDICAL HISTORY

- COPD, GOLD Stage III (severe) — on home O2 2L NC, recent hospitalization Jan 2026
- Osteoporosis (steroid-induced, known from prior admission)
- Chronic respiratory failure
- GERD
- Former smoker, 40 pack-year history, quit 2018

### HOSPITAL COURSE

Patient taken to OR on hospital day 1 after medical optimization (nebulizer treatments, stress-dose steroids for COPD). Surgery uncomplicated. Post-operatively managed on telemetry given pulmonary risk. Supplemental oxygen at 3L NC (increased from baseline 2L) for first 48 hours, then weaned back to 2L. Pain managed with nerve block + multimodal oral regimen (avoided high-dose opioids due to respiratory depression risk). PT initiated POD#1 with weight-bearing as tolerated on left leg. Patient progressed to ambulating 50 feet with front-wheeled walker by POD#4. Unable to safely manage stairs or transfers independently — discharged to SNF for intensive rehab.

### DISCHARGE MEDICATIONS

- Acetaminophen (Tylenol) 1000 mg - Take by mouth every 8 hours around the clock for 2 weeks. PRIMARY pain medicine (safer for lungs than opioids).
- Tramadol 50 mg - Take by mouth every 6 hours as needed for breakthrough pain. Lower respiratory depression risk than oxycodone. Do not exceed 4 doses/day.
- Apixaban (Eliquis) 2.5 mg - Take by mouth twice daily for 4 weeks for DVT prevention post-surgery.
- CONTINUE all COPD medications from prior regimen: Tiotropium (Spiriva), Fluticasone/Vilanterol (Breo Ellipta), Albuterol (ProAir) PRN, Omeprazole, Calcium + Vitamin D.

- Alendronate (Fosamax) 70 mg - Take by mouth ONCE WEEKLY. Osteoporosis treatment (should have been started after January admission, beginning now).
- Docusate sodium (Colace) 100 mg - Take by mouth daily while taking tramadol.

## FOLLOW-UP APPOINTMENTS

- Orthopedic Surgery: Dr. Ravi Krishnamurthy - March 24, 2026 at 11:00 AM - KP Orthopedics, Building 3 - X-ray of left hip, wound check (SNF to arrange transport)
- Pulmonology: Dr. James Okafor - March 26, 2026 at 3:00 PM - KP Pulmonary Clinic - Reassess COPD, oxygen needs, and steroid tapering
- Primary Care: Dr. Elena Volkov - April 1, 2026 at 9:30 AM - KP Internal Medicine - Osteoporosis management, fall prevention plan, overall coordination

## SNF AND HOME TRANSITION INSTRUCTIONS

- Weight-bearing as tolerated on the left leg. Use walker at all times. Do NOT use a cane until cleared by Dr. Krishnamurthy.
- Continue supplemental oxygen at 2L per minute via nasal cannula during activity and sleep.
- Use the incentive spirometer 10 times every waking hour. Deep breathing is critical to prevent pneumonia after hip surgery, especially with your COPD.
- Hip precautions: Do not cross your legs. Do not bend at the hip past 90 degrees. Use a raised toilet seat and shower chair.
- PT/OT at SNF will work on: walking, stairs, transfers (bed, chair, toilet, car), and building strength for safe return home.
- Target for home discharge from SNF: able to walk 150 feet with walker, transfer independently, and manage stairs if applicable.
- Fall prevention for home (before discharge from SNF): Remove all loose rugs, install grab bars in bathroom, ensure adequate lighting, consider a medical alert device.

## WARNING SIGNS - NOTIFY NURSING STAFF (SNF) OR CALL 911 (AT HOME)

- Sudden shortness of breath or chest pain (may indicate pulmonary embolism)
- Calf pain, swelling, or warmth in either leg (may indicate DVT)
- Worsening pain in the left hip despite medication
- Wound redness, swelling, warmth, or drainage from the surgical incision
- Fever over 101 degrees Fahrenheit
- New confusion, extreme drowsiness, or difficulty waking
- Lips or fingertips turning blue (respiratory emergency)

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