

## PATIENT DISCHARGE SUMMARY

**Patient Name:** Tran Van Duc

**Date of Birth:** 04/18/1955

**MRN:** ECH-2026-55019

**Admission Date:** 01/19/2026

**Discharge Date:** 01/27/2026

**Attending Physician:** Dr. Catherine Kim, MD  
(Neurology/Stroke)

**Primary Language:** Vietnamese

**Discharge Disposition:** Home with home health  
PT/OT/Speech

### PRINCIPAL DIAGNOSIS

Acute ischemic stroke, left middle cerebral artery (MCA) territory. CT angiography confirmed M1 segment occlusion. IV alteplase (tPA) administered within 3.5 hours of symptom onset. Mechanical thrombectomy performed with TICI 2b reperfusion. NIH Stroke Scale on admission: 14. NIH Stroke Scale at discharge: 5. Residual deficits: mild right-sided weakness (4/5 strength), mild expressive aphasia.

### SECONDARY DIAGNOSES

- Atrial fibrillation (newly diagnosed, likely cardioembolic etiology)
- Hypertension, poorly controlled (BP 182/96 on admission)
- Type 2 diabetes mellitus, A1c 8.1%
- Dysphagia, resolved prior to discharge (passed bedside swallow evaluation)

### DISCHARGE MEDICATIONS

- Apixaban (Eliquis) 5 mg - Take by mouth twice daily for atrial fibrillation and stroke prevention. This is your most important medication. Do NOT skip doses.
- Amlodipine (Norvasc) 10 mg - Take by mouth once daily in the morning for blood pressure.
- Lisinopril 20 mg - Take by mouth once daily in the morning for blood pressure.
- Atorvastatin (Lipitor) 80 mg - Take by mouth once daily at bedtime. High-intensity statin for stroke prevention.
- Metformin 500 mg - Take by mouth twice daily with meals for diabetes. (Dose reduced from prior 1000mg during hospitalization.)
- Sertraline (Zoloft) 25 mg - Take by mouth once daily in the morning. Started for post-stroke depression prevention. May take 2-4 weeks to take effect.

### FOLLOW-UP APPOINTMENTS

- Neurology/Stroke Clinic: Dr. Catherine Kim - February 6, 2026 at 2:30 PM - El Camino Neuroscience Institute, 2500 Grant Rd, Suite 320 - MRI brain and carotid ultrasound
- Cardiology: Dr. Thomas Pham - February 12, 2026 at 10:00 AM - El Camino Heart Center - Echocardiogram and atrial fibrillation management
- Primary Care: Dr. Nguyen Minh - February 9, 2026 at 11:00 AM - Community Health Center, 800 California St, Mountain View - Blood pressure and diabetes follow-up
- Home Health: PT, OT, and Speech Therapy will contact you within 48 hours of discharge to schedule in-home sessions

### REHABILITATION AND RECOVERY INSTRUCTIONS

- Continue all rehabilitation exercises as taught by physical, occupational, and speech therapists during your hospital stay.
- Right arm and hand: Practice gripping exercises with a soft ball 3 times daily. Pick up small objects (coins, buttons) to improve fine motor skills.
- Walking: Use the quad cane on the left side at all times. Walk with assistance for the first 2 weeks. Do not walk alone until cleared by your therapist.
- Speech: Practice the word-finding exercises from speech therapy for 15 minutes twice daily. Speak slowly and take your time.
- Fall prevention: Remove loose rugs, install grab bars in the bathroom, keep hallways well-lit, wear non-slip shoes indoors.
- Do NOT drive until cleared by your neurologist (minimum 3 months post-stroke in California).
- Monitor blood pressure at home twice daily. Target: below 130/80 mmHg.

#### **WARNING SIGNS OF NEW STROKE - CALL 911 IMMEDIATELY (Think F.A.S.T.)**

- **FACE:** Sudden drooping or numbness on one side of the face. Ask the person to smile - is it uneven?
- **ARM:** Sudden weakness or numbness in one arm. Ask the person to raise both arms - does one drift down?
- **SPEECH:** Sudden difficulty speaking or understanding speech. Ask the person to repeat a simple phrase - is their speech slurred?
- **TIME:** If you observe any of these signs, call 911 immediately. Note the time symptoms started.
- Also seek emergency care for: sudden severe headache, sudden vision loss, sudden confusion, sudden difficulty walking or loss of balance

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