

Zuckerberg San Francisco General Hospital

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PATIENT DISCHARGE SUMMARY

Patient Name: Amadou Diallo

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

Date of Birth: 12/05/1994

Primary Language: French

MRN: SFGH-2026-20074

Discharge Disposition: Home with close
hematology follow-up

Admission Date: 03/15/2026

Prior Admission: SFGH, 01/22-01/26/2026
(Vaso-occlusive crisis)

Discharge Date: 03/22/2026

PRINCIPAL DIAGNOSIS

Acute chest syndrome (ACS) complicating vaso-occlusive crisis. Hemoglobin SS disease. Presented with chest pain, fever (39.1°C), tachypnea, and new bilateral pulmonary infiltrates on chest X-ray. Hemoglobin on admission: 6.4 g/dL (baseline 8.5). Oxygen saturation 89% on room air. This is a life-threatening complication of sickle cell disease and required ICU admission for the first 48 hours.

HOSPITAL COURSE

Patient presented 7 weeks after prior VOC discharge with 2 days of worsening chest and back pain followed by fever, cough, and progressive dyspnea. Admitted directly to the Medical ICU. Started on supplemental oxygen (high-flow nasal cannula at 40L/6L initially), broad-spectrum antibiotics (ceftriaxone + azithromycin), aggressive IV hydration, and IV opioid PCA for pain. Exchange transfusion performed on ICU day 1 (3 units exchanged, target HbS < 30%). Post-transfusion hemoglobin improved to 9.8 g/dL with HbS 24%. Patient improved significantly by ICU day 3. Transferred to floor on hospital day 3. Weaned to room air by day 5. Antibiotics completed 7-day course. Pain controlled on oral medications. Patient and hematologist discussed initiating chronic transfusion therapy given this is his second serious admission in 3 months.

DISCHARGE MEDICATIONS

- Hydroxyurea (Droxia) 1500 mg - Take by mouth once daily. DOSE INCREASED from 1000 mg given recurrent severe episodes. Use reliable contraception. Lab monitoring every 2 weeks for first 2 months.
- Oxycodone 10 mg - Take by mouth every 4-6 hours as needed for pain. Taper as pain improves. Target: off opioids within 2 weeks of discharge.
- Ibuprofen 600 mg - Take by mouth every 8 hours for mild-to-moderate pain. Transition to this as primary pain medication.
- Folic acid 1 mg - Take by mouth once daily. No change.
- Gabapentin 300 mg - Take by mouth three times daily. No change.
- Penicillin VK 250 mg - Take by mouth twice daily. No change.
- Azithromycin 250 mg - Take by mouth once daily for 2 more days to complete antibiotic course.
- Docusate/Senna - Take 1 tablet at bedtime while taking opioids.

FOLLOW-UP APPOINTMENTS

- Hematology (URGENT): Dr. Priscilla Owusu - March 26, 2026 at 10:00 AM - SFGH Hematology Clinic, Building 80 - CBC, reticulocyte count, HbS level, discuss chronic transfusion program
- Hematology Transfusion Clinic: Pending scheduling - Dr. Owusu will arrange monthly exchange transfusion schedule if proceeding with chronic program

- Pulmonology Referral: Dr. Sarah Kim - April 3, 2026 at 1:00 PM - SFGH Pulmonary, Building 80 - Pulmonary function testing to assess for chronic sickle cell lung disease
- Primary Care: Dr. Jean-Baptiste Moreau - April 7, 2026 at 3:00 PM - SFGH Adult Primary Care - General follow-up, immunizations

UPDATED SICKLE CELL MANAGEMENT PLAN

- This was a life-threatening episode (acute chest syndrome). Your sickle cell disease is becoming more severe. We are recommending stronger treatment:
- Hydroxyurea dose has been increased. You must take it every day without exception. It is the single most important thing you can do to prevent another crisis.
- Chronic transfusion therapy: Dr. Owusu will discuss a monthly exchange transfusion program at your next visit. This involves coming to the hospital once per month for a blood exchange that keeps your sickle hemoglobin level low.
- Hydration: Drink at least 3 liters of water daily. Carry two water bottles with you at all times.
- Avoid ALL of the following triggers: cold exposure, dehydration, alcohol, high altitude, extreme physical exertion, and stress.
- Get a flu shot, COVID booster, and verify your pneumococcal vaccine is up to date.
- Wear a medical alert bracelet identifying you as having Sickle Cell Disease (HbSS).
- If you travel by plane, request supplemental oxygen from the airline in advance.

WARNING SIGNS - CALL 911 IMMEDIATELY

- **Fever above 101°F — sickle cell patients are at extreme risk for life-threatening infection. Do not wait.**
- **Chest pain, cough, or difficulty breathing (may indicate recurrent acute chest syndrome)**
- **Sudden severe headache, weakness on one side, or slurred speech (stroke)**
- **Pain not controlled by home medications after 2 hours of escalating treatment**
- **Oxygen saturation below 92% on pulse oximeter (purchase one for home use)**
- **Any symptom that feels like this hospitalization is starting again — do not wait to see if it gets better**

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