

Lucile Packard Children's Hospital Stanford

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PATIENT DISCHARGE SUMMARY

Patient Name: Arjun Sharma (Minor - Parent: Priya Sharma)

Discharge Date: 01/27/2026

Date of Birth: 06/14/2019

Attending Physician: Dr. Rebecca Liu, MD
(Pediatric Pulmonology)

MRN: LPCH-2026-88203

Primary Language: Hindi

Admission Date: 01/25/2026

Discharge Disposition: Home with parents

PRINCIPAL DIAGNOSIS

Severe persistent asthma exacerbation with status asthmaticus requiring continuous albuterol nebulization. Peak flow on admission: 45% predicted. SpO₂ 88% on room air in the emergency department. Triggered by upper respiratory tract infection (rhinovirus detected on respiratory panel).

SECONDARY DIAGNOSES

- Allergic rhinitis
- Eczema (atopic dermatitis)
- Environmental allergies (dust mites, mold, cat dander per prior allergy testing)

HOSPITAL COURSE

Arjun was admitted from the ED after failing to improve with 3 rounds of albuterol nebulization and 2 mg/kg oral prednisolone. Started on continuous albuterol nebulization at 10 mg/hr and IV methylprednisolone 1 mg/kg Q6H. Ipratropium nebulization added Q6H. Oxygen via nasal cannula at 2L. By hospital day 2, weaned to intermittent albuterol Q3H, then Q4H. Transitioned to oral prednisolone. Discharged on room air with SpO₂ 97%, comfortable, and able to eat and drink. Peak flow improved to 80% predicted.

DISCHARGE MEDICATIONS

- Prednisolone oral liquid 15 mg (1 tsp) - Give by mouth once daily in the morning for 3 more days (last dose January 30). Give with food to avoid stomach upset.
- Fluticasone (Flovent HFA) 110 mcg - 2 puffs inhaled twice daily (morning and bedtime) via spacer with mask. This is a DAILY controller medication - use even when feeling well. Rinse mouth after.
- Montelukast (Singulair) 4 mg chewable tablet - Give once daily at bedtime. Ongoing controller medication.
- Albuterol (ProAir HFA) inhaler - 2 puffs via spacer with mask every 4-6 hours as needed for coughing, wheezing, or shortness of breath. Use BEFORE exercise.
- Cetirizine (Zyrtec) 5 mg (1 tsp) - Give by mouth once daily for allergies.

FOLLOW-UP APPOINTMENTS

- Pediatric Pulmonology: Dr. Rebecca Liu - February 5, 2026 at 3:30 PM - LPCH Pulmonary Clinic, 730 Welch Rd, Suite 212 - Asthma action plan review, bring all medications and spacer
- Pediatrician: Dr. Anita Desai - February 2, 2026 at 10:00 AM - Palo Alto Medical Foundation Pediatrics, 795 El Camino Real - Post-hospitalization check and steroid completion
- Allergy/Immunology: Schedule follow-up for updated allergy testing - Call (650) 497-8766

PARENT INSTRUCTIONS FOR ASTHMA MANAGEMENT

- Use the Asthma Action Plan (attached) to guide daily management. The plan has 3 zones: Green (doing well), Yellow (getting worse), Red (emergency).
- Give the Flovent controller inhaler EVERY DAY, morning and bedtime, even when Arjun seems fine. This prevents attacks. Never skip the controller inhaler.
- SPACER USE IS REQUIRED for all inhaler medications. Without a spacer, most medicine does not reach the lungs.
- Albuterol rescue inhaler: If Arjun needs this more than 2 times per week (not counting before exercise), the asthma is NOT well-controlled - call the doctor.
- Trigger avoidance: Encase pillows and mattress in dust-mite proof covers. Wash bedding weekly in hot water. No stuffed animals in bed. Keep home humidity below 50%. No cats.
- At first sign of a cold: Start albuterol every 4 hours. Watch closely. Colds are Arjun's biggest trigger.
- All caregivers, teachers, and babysitters should have a copy of the Asthma Action Plan and know where the rescue inhaler is.

WARNING SIGNS - CALL 911 OR GO TO THE ER

- **Albuterol rescue inhaler is not helping after 3 uses in 1 hour**
- **Arjun is breathing fast, ribs are showing with each breath, or nostrils are flaring**
- **Cannot speak in full sentences, stops playing, or seems very tired and limp**
- **Lips or fingernails turn blue or gray**
- **Peak flow meter reads below 50% of personal best (once old enough to use reliably)**
- **Any breathing difficulty that frightens you as a parent - trust your instinct**

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