

## PATIENT DISCHARGE SUMMARY

**Patient Name:** Pedro Gutierrez

**Attending Physician:** Dr. Nina Chandrasekhar, MD  
(Hospital Medicine)

**Date of Birth:** 07/22/1961

**Primary Language:** Spanish

**MRN:** SHC-2026-09183

**Discharge Disposition:** Home with outpatient physical therapy

**Admission Date:** 03/10/2026

**Surgical History:** Right total knee arthroplasty, 01/24/2026 (Dr. Lisa Tran, Stanford)

**Discharge Date:** 03/13/2026

### PRINCIPAL DIAGNOSIS

Acute T12 vertebral compression fracture secondary to mechanical fall at home. Patient reports tripping on area rug while ambulating with cane (6 weeks post right total knee replacement). CT spine confirms 35% loss of vertebral body height at T12 with no retropulsion or spinal canal compromise. MRI confirms acute fracture with marrow edema, no cord compression. Managed conservatively (no surgical intervention).

### SECONDARY DIAGNOSES

- Osteoporosis, newly diagnosed (DEXA scan: lumbar T-score -2.8, femoral neck T-score -2.4)
- Status post right total knee arthroplasty (7 weeks prior), rehab in progress
- Vitamin D deficiency (25-OH vitamin D: 14 ng/mL)
- Acute urinary retention requiring temporary Foley catheter (resolved)

### HOSPITAL COURSE

Patient fell at home while walking with his cane and experienced immediate severe mid-back pain. Unable to stand independently. Brought to Stanford ED by ambulance. CT and MRI confirmed T12 compression fracture without neurologic compromise. Pain managed with IV morphine then transitioned to oral oxycodone + acetaminophen. TLSO brace fitted by orthotics. DEXA scan revealed significant osteoporosis, and vitamin D was critically low. Patient developed urinary retention on hospital day 1 (likely opioid-related), managed with Foley catheter. Catheter removed on day 2 and patient voided spontaneously. Physical therapy evaluated and trained patient on brace use and safe transfers. Patient ambulating 30 feet with walker and brace at discharge.

### DISCHARGE MEDICATIONS

- Oxycodone/Acetaminophen (Percocet) 5/325 mg - Take 1 tablet by mouth every 6 hours as needed for moderate-to-severe back pain. Do not exceed 6 tablets per day. Taper over 2 weeks.
- Acetaminophen (Tylenol) 1000 mg - Take by mouth every 8 hours around the clock for baseline pain. Do NOT take extra Tylenol on top of Percocet (both contain acetaminophen).
- Cyclobenzaprine (Flexeril) 5 mg - Take by mouth at bedtime as needed for muscle spasm. May cause drowsiness.
- Docusate sodium (Colace) 100 mg - Take by mouth twice daily while on opioids.
- Alendronate (Fosamax) 70 mg - Take by mouth ONCE WEEKLY on an empty stomach with a full glass of water. Remain upright for 30 minutes after taking. NEW for osteoporosis.
- Vitamin D3 (cholecalciferol) 5,000 IU - Take by mouth once daily for 8 weeks (loading dose), then reduce to 2,000 IU daily.
- Calcium carbonate 600 mg - Take by mouth twice daily with meals.

- CONTINUE existing medications from knee surgery follow-up as directed by Dr. Tran.

## FOLLOW-UP APPOINTMENTS

- Orthopedic Spine: Dr. Kevin Park - March 20, 2026 at 10:00 AM - Stanford Spine Center, 450 Broadway, Redwood City, Suite 310 - Repeat X-ray of thoracic spine, brace assessment
- Orthopedic Surgery: Dr. Lisa Tran - March 17, 2026 at 11:00 AM - Stanford Orthopedic Clinic (already scheduled) - Ongoing knee rehab follow-up, coordinate care
- Endocrinology (Osteoporosis): Dr. Amy Goldstein - April 2, 2026 at 2:30 PM - Stanford Endocrine Clinic - Comprehensive osteoporosis workup and treatment plan
- Physical Therapy: Resume knee PT + add spine-safe core strengthening - Contact Bay Area PT & Rehab to update your program

## BRACE AND ACTIVITY INSTRUCTIONS

- Wear the TLSO back brace at ALL times when upright (sitting, standing, walking). You may remove it when lying down flat in bed.
- Use a WALKER (not cane) for the next 4 weeks. You are now at higher fall risk with both a healing knee and a back fracture.
- Do NOT bend forward at the waist, twist your trunk, or lift anything heavier than 5 pounds for 8 weeks.
- Get out of bed by rolling onto your side and pushing up with your arms (log-roll technique, as taught by PT).
- Fall prevention at home: Remove all area rugs (this is what caused the fall). Install grab bars in the bathroom if not already done. Keep hallways clear and well-lit. Wear non-slip shoes indoors.
- Sleep on your back or side. You may place a pillow under your knees for comfort.
- Continue your right knee exercises EXCEPT any that require bending forward or twisting. Your PT will modify the program.

## WARNING SIGNS - SEEK IMMEDIATE CARE

- New weakness, numbness, or tingling in your legs
- Loss of bladder or bowel control (inability to urinate or hold stool)
- Pain that worsens significantly despite taking medications as prescribed
- Inability to walk or stand that is getting worse (not better)
- Another fall (even without new pain, you need to be evaluated)
- Fever or signs of infection at any surgical site

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