

.DISCHARGESUMMARY

Patient Name: Anderson, John

MRN: 12345678

DOB: 05/19/1965

Admission Date: 08/01/2025

Discharge Date: 08/04/2025

Attending Provider: Tran, Emily, MD

Discharge Disposition: Home with family

Discharge Diagnosis:

- **Principal:** Community-acquired pneumonia (CAP), right lower lobe
 - **Secondary:**
 - Leukocytosis (resolved)
 - Hypoxemia on admission (resolved)
 - Functional deconditioning due to acute illness (resolved)
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REASON FOR HOSPITALIZATION:

Patient presented with 4-day history of fever, productive cough, right-sided pleuritic chest pain, and shortness of breath. Diagnosed with right lower lobe community-acquired pneumonia and admitted for IV antibiotics, monitoring, and supportive care.

HOSPITAL COURSE:

60-year-old male admitted with right lower lobe CAP. Initial labs showed leukocytosis (WBC 12.3), elevated CRP (56), and modestly elevated procalcitonin (0.27). Chest X-ray confirmed RLL infiltrate. He was initiated on ceftriaxone 1g IV q24h and azithromycin 500mg IV daily. Blood cultures and respiratory viral PCR were negative.

Over 48 hours, the patient defervesced, oxygenation normalized (96% RA), and inflammatory markers down-trended (WBC 9.2, CRP 21.4, procalcitonin 0.08). On hospital day 3, transitioned to oral azithromycin and monitored for tolerance. CXR on 08/03 showed radiographic improvement.

The patient maintained adequate oral intake, ambulated independently, and participated in discharge planning. No complications. Discharged on hospital day 4 with improvement of symptoms and stable vitals.

CONDITION AT DISCHARGE:

- Afebrile >48h
 - Vitals stable
 - Ambulating independently
 - Tolerating regular diet
 - No supplemental oxygen required
 - Alert, oriented, clinically improved
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DISCHARGE MEDICATIONS:

1. **Azithromycin 500 mg PO daily x2 days** (to complete 5-day course)
2. **Acetaminophen 650 mg PO PRN Q6H** for fever or myalgias
3. Multivitamin PO daily

No home medications prior to admission. Medication reconciliation completed.

DISCHARGE INSTRUCTIONS:

- Continue prescribed antibiotics to full course.
 - Monitor for worsening symptoms: fever >38°C, chest pain, worsening dyspnea, or confusion.
 - Resume normal activity as tolerated.
 - Maintain hydration and nutrition.
 - Patient and daughter were educated and provided written discharge instructions.
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FOLLOW-UP APPOINTMENTS:

- **Primary Care:** Dr. Laura Greene (Stanford Primary Care)
 - **Date/Time:** 08/09/2025 @ 10:30 AM
 - Purpose: Post-hospital follow-up, medication review, recovery check
 - **Imaging:**
 - Outpatient chest X-ray in 6 weeks (order placed)
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IMMUNIZATIONS:

- COVID-19 and influenza vaccines up to date
 - Recommend evaluation of pneumococcal vaccination status at PCP visit
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ADVANCE CARE PLANNING:

- Code status: Full Code
- No advance directive on file
- Discussed with patient and daughter; wishes full treatment

PROVIDER CONTACT INFORMATION:

Emily Tran, MD

Internal Medicine – Stanford Hospital

Pager: xxx-xxx-xxxx

Dictated/Signed:

Emily Tran, MD

08/04/2025 @ 08:45 AM