**Patient**: Aisha Williams (DOB 2003-03-10)  
**MRN**: 738695  
**Admission**: 2025-03-25 | **Discharge**: 2025-03-30  
**Physicians**: Dr. K. Johnson (Hematology), Dr. M. Peterson (Pain Management), Dr. L. Garcia (Infectious Disease)

**Discharge diagnosis: SCD with acute vaso-occlusive crisis**

**1. Disease Details**

* **Genotype**: Homozygous HbSS, normal alpha globin, homozygous βS mutation (GAG→GTG codon 6)
* **Diagnosed**: At birth, confirmed at 6 months
* **Current Presentation**: Severe pain in lower back, bilateral hips, right knee; pain score 9/10
* **Imaging**:
  + CXR: No acute process, stable cardiomegaly
  + Abdominal US: Mild hepatomegaly (16.2 cm), moderate splenomegaly (15.8 cm), post-cholecystectomy

**2. Current Treatment**

* **Pain Management**:
  + IV fluids: 0.9% NS at 125 mL/hr
  + Morphine 6 mg IV q4h scheduled + 4 mg IV q2h PRN
  + Ketorolac 15 mg IV q6h × 48h, then transitioned to ibuprofen
  + Acetaminophen 1000 mg PO q8h
* **Disease-Specific**:
  + Hydroxyurea 1500 mg PO daily (continued home dose)
  + Oxygen 2L NC to maintain SpO2 >95%
  + Incentive spirometry q2h while awake
* **Supportive**:
  + DVT prophylaxis: Enoxaparin 40 mg SubQ daily
  + Folic acid supplementation
  + Docusate sodium 100 mg PO BID
  + Warm compresses, physical therapy

**3. Treatment History**

* **Hydroxyurea**: Started age 8 (2011), 1500 mg daily (~25 mg/kg)
  + Reduced annual VOC from 6-8 to 2-3
* **Transfusions**: No chronic program, last transfusion 11/2024
  + Lifetime units: ~32, no alloimmunization
  + Iron studies (12/2024): Ferritin 325 ng/mL, transferrin saturation 38%
* **Prior Complications**:
  + 2-3 hospitalizations annually for VOC
  + Acute chest syndrome: 3 episodes (2012, 2017, 2022)
  + Avascular necrosis right humeral head (2016)
  + Right ankle ulcer (2021) - healed after 6 months
  + No history of stroke
* **Home Pain Management**: Oxycodone 5-10 mg q6h PRN

**4. Comorbidities**

* Mild iron overload
* Avascular necrosis right humeral head
* Vitamin D deficiency
* Mild asthma
* History of anxiety/depression
* Cholecystectomy (2019)

**5. Discharge Medications**

* Hydroxyurea 500 mg PO daily
* Oxycodone 10 mg PO q6h PRN
* Ibuprofen 600 mg PO q8h with food × 7 days
* Acetaminophen 1000 mg PO q8h (max 3000 mg/day)
* Folic acid 1 mg PO daily
* Docusate sodium 100 mg PO BID
* Vitamin D3 2000 IU PO daily
* Albuterol inhaler 2 puffs q4-6h PRN wheezing

**Follow-up Plan**

* **Hematology**: Dr. K. Johnson in 1 week (4/6/25)
  + Labs before visit: CBC, reticulocytes, LDH, CMP
  + Consider hydroxyurea dose adjustment
* **Pain Management**: Dr. M. Peterson in 2 weeks
  + Optimize outpatient pain regimen
  + Non-pharmacological strategies
* **Primary Care**: In 4 weeks

**6. Lab Values (Admission → Discharge)**

* Hemoglobin: 7.2 → 7.3 g/dL
* WBC: 18.6 → 12.4 × 10^9/L
* Platelets: 485 → 450 × 10^9/L
* Reticulocytes: 15.8 → 16.2% (Abs: 315 → 325 × 10^9/L)
* Total Bilirubin: 3.4 → 3.2 mg/dL
* LDH: 520 → 485 U/L
* CRP: 3.2 → 1.5 mg/dL
* Ferritin: 340 ng/mL

**Electronically Signed By**:  
Dr. K. Johnson (Hematology) - 2025-03-30 14:30  
Dr. M. Peterson (Pain Management) - 2025-03-30 13:15