1740 Hensley Fork Drive NW
Cleveland, TN 37311
(423) 555-0138
whitlowmemorial.example

Whitlow Memorial Hospital

Discharge Packet

Face sheet

Patient: Lorraine M. Pruitt **Date of birth:** 02/11/1945 **Sex:** F **MRN:** WM-0733916

Address: 2217 Larkmoor Lane NW, Cleveland, TN 37312 **Home phone:** (423) 555-0162

Admitted: 05/20/2026, 11:36 AM, through the Emergency Department **Room:** 2 West, 241

Discharged: 05/22/2026, 2:10 PM, to home, with family and a home care aide

Attending: Priya Nambiar, MD, Hospital Medicine **Primary care:** Samuel Tolbert, MD

Insurance	Plan	Member number
Primary	Medicare Part A and Part B	4KT7-WL2-MS63
Secondary	Evermont Health Assurance, Medicare Supplement Plan G	EVG80447162

Allergies: penicillins (hives); sulfonamide antibiotics (rash, lip swelling); latex (reported, reaction not recorded).

Intolerances: codeine (vomiting); lisinopril (cough). Use paper tape.

Code status this admission: full code. Advance care plan on file, dated 03/14/2023.

Health care agent: Walter E. Pruitt Jr., son, (423) 555-0148. Alternate: Russell D. Pruitt, son, (423) 555-0124.

Preferred pharmacy: Sorrelwood Pharmacy, Cleveland, (423) 555-0130

In this packet

Face sheet, page 1. Discharge summary, 2. Your medication list: new and changed, 3. Your medication list: continued without change, 4. Instructions and follow-up, 5. Acknowledgment, 6.

Discharge summary

Diagnoses

1. Urinary tract infection (E. coli)
2. Acute confusion (delirium) on top of mild dementia
3. Acute kidney injury on chronic kidney disease stage 3b, improving
4. Chronic heart failure with preserved ejection fraction, stable
5. Atrial fibrillation on apixaban; type 2 diabetes on basal insulin

Hospital course

81-year-old woman brought in by her home aide and her son with new confusion and a temperature of 101.4. Urine culture grew E. coli, more than 100,000 colonies, sensitive to ceftriaxone, ciprofloxacin and nitrofurantoin, resistant to ampicillin and to trimethoprim-sulfamethoxazole. An intravenous antibiotic was chosen with her documented drug allergies in mind and given for two days. Creatinine peaked at 1.8 and was 1.6 at discharge. Fluids were given slowly because of her heart failure. Losartan and metformin were held during the stay. Blood sugars were managed with a sliding scale. By the morning of discharge her thinking was close to her usual, according to her son.

She goes home on an antibiotic by mouth to finish the course. The drug, the dose and the date of the last dose are on page 3, with the changes to her other medicines.

Condition at discharge

Measured on 05/22/2026	Result
Weight	149 lb
Temperature	98.4
Blood pressure	132/70
Heart rate	76, irregular
Creatinine	1.6 mg/dL
Potassium	4.2 mmol/L
White blood cell count	8.9

P. Nambiar, MD, Hospital Medicine. Dictated 05/22/2026.

Your medication list: continued without change

Medicines listed on page 3 as new, held or changed are not repeated here.

Medication	Dose	When
Apixaban (Eliquis)	2.5 mg	twice a day
Metoprolol succinate ER	50 mg	every morning
Furosemide (Lasix)	40 mg	every morning
Insulin glargine (Lantus)	18 units	at bedtime
Levothyroxine	88 mcg	every morning, empty stomach
Atorvastatin	40 mg	at bedtime
Donepezil	10 mg	at bedtime
Sertraline	50 mg	every morning
Famotidine	20 mg	at bedtime
Latanoprost 0.005% eye drops	1 drop each eye	at bedtime
Denosumab (Prolia)	60 mg injection	every 6 months; last given 04/14/2026
Vitamin D3	2000 IU	once a day
Acetaminophen	500 mg	1 or 2 tablets, up to 3 times a day, if needed

Do not take ibuprofen, naproxen or aspirin for pain.

Last doses given in the hospital on 05/22/2026: apixaban 2.5 mg, metoprolol, furosemide 40 mg and levothyroxine between 6:00 and 8:15 AM. The next insulin dose is due tonight at bedtime, 18 units.

List reviewed with Walter Pruitt Jr., son and health care agent. Reviewed by D. Farris, RN, and J. Whitson, PharmD.

Instructions and follow-up

The infection

- Give every dose of the antibiotic listed on page 3 and finish all of the tablets.
- Offer fluids through the day, within her limit of 1.5 liters.
- Call Dr. Tolbert's office for a temperature over 100.4, pain in the side or back, vomiting, or if she is not passing urine.

Confusion

Confusion from an infection clears more slowly than the infection itself, over days to a few weeks. Keep the days regular: lights on in the daytime, glasses and hearing aids in, familiar people. She should not be alone overnight for the first three nights.

Sudden worsening of confusion in this patient should prompt a urine test. In older adults a urinary infection often causes no burning and no fever.

Her heart

The heart failure plan she already follows does not change. Weigh every morning. Her weight at discharge is 149 lb.

Follow-up

With	When	For
Tolbert & Greer Internal Medicine, laboratory	05/29/2026, walk in before 11:00 AM	Basic metabolic panel
Samuel Tolbert, MD	06/02/2026, 2:15 PM	Hospital follow-up and repeat urine test
Rohan Mehta, MD	at her next scheduled visit	Memory, after this episode of delirium

Metformin stays on hold until Dr. Tolbert's office has reviewed the 05/29 result and called.

Results still pending

None. The final urine culture is reported in the discharge summary.

Acknowledgment

I have received this discharge packet of 6 pages. The nurse went over the medication lists on pages 3 and 4 with me, and I had the chance to ask questions.

- The new prescription was sent electronically to Sorrelwood Pharmacy.
- Belongings returned: glasses, upper denture and cup, hearing aids (2) with charger, robe, walker, glucose meter.
- Intravenous line removed, site clean and dry. Identification and allergy bands removed.
- The discharge summary will be in the MyWhitlow patient portal in about three days.

Signature of patient or representative	*Walter E Pruitt Jr*
Relationship	son, health care agent
Date and time	05/22/2026, 1:50 PM
Nurse	*D. Farris RN*

Left the unit by wheelchair at 2:10 PM with her son, by private vehicle.