Medical Report

Name: Saada Mohammed Karim
Date : 28/4/2024
Age: 83 years old
Gender: Female

The problem lists :

1- Impaired Kidney function.
2- Signs of Heart Failure
3- Bedridden for 3 years with the presence of urine catheterization that changed monthly.
4- Disc Prolapse
5- Osteoarthritis
6- Frequent urinary tract infections

The first 2 visits were done in February to change the urinary catheters and UTI. Culture Showed E.coli and treated with oral Ciprofloxacin for 10 days.

Third visit was done on 17/4/2024. The patient was complaining of severe back pain for 2 days increased with movement, productive cough white sputum for more than 1 month and **constipation**. No other complains.
Ambulance was called the day before, ECG was normal. She received IV paracetamol and she improved.

Examination of the patient:
Stable vital signs
• **Blood pressure:** 13/63 – **Pulse:** 78 per minute – **Respiratory Rate:** 20 BPM- **SPO2:** 98
• **Radom blood sugar:** 175 – **Temp:** 35 degrees Patient is pale and has a productive cough.
CVS examination: Soft S1 S2, no added sounds with lower limb oedema.
Abdomen examination: No tenderness, No enlarged organs, hyper resonant. Back examination: Tenderness below the right scapula.

Follow up visit was done on 20/4/2024 .

Patient main complaint:

Back pain below the left scapula on and off, increasing with movement. No chest pain. She has mild productive cough white sputum. Also, she has on/off Orthopnea and no PND with lower limb oedema.

On examination:

Patient looks ill, Vital signs were normal. She was still on pain, back pain increased with movement, mild productive cough. She is pale and not jaundice.

CVS examination: Normal S1 S2 no added sounds, no signs of pleural effusion, with lower limb oedema.

Chest examination: Decrease air entry with no added sounds.

Abdomen examination: No abnormalities were detected.

Urinary catheter was changed and a sample for culture was taken.

Investigations, CXR and abdominal ultrasound showed:

1. High levels of urea and creatinine, microcytic hypochromic anaemia PTH with low calcium low magnesium normal Phosphorus and normal S. Albumin.
2. Increase inflammatory markers.
3. Urinary tract infection.
4. Normal glycosylated Haemoglobin.
5. Normal S. Troponin , BNP, D. dimer,
6. Raised uric acid.
7. CXR showed Cardiomegaly – excess fluid in the body.
8. Ultrasound showed: Kidney changes with no detailed clarification of the kidneys and others because of the presence of abdominal gases.
9. Echo result: To be reviewed.

The following treatment plan has been developed:

1. Hospital Admission.
2. Urgent Cardiologist assessment.
3. Urgent Nephrologist assessment.
4. Start treatment for urine infection with antibiotics with a renal dose treatment after taking a urine culture sample.

5. Stop nephrotoxic medication.(She is on antihypertensive medication (ARB blocker+Hydrochlorothiazide and regular use of NSAID fir the body and back pain.
6. Treat the constipation.
7. Input Output Chart.
8. Physiotherapy and Breathing exercise were recommended.

Progress Note:

27/4/2024

Patient refused to be treated at hospital according to our recommendation and signed a consent against medical advice. Follow up at home was continued under their responsibility.
Management plan started on 20/4/2024.

Home care visits ware done as followed: Last physician visit was on Saturday 20/4/2024 follow up continued virtually with daily Registered Nurse visit for the vital signs and to give the IV antibiotics. Last Cardiologist visit was on Thursday 25/4/2024.

Plan followed:

1. Ceftriaxone 1gm IV, od was started and continued according to the urine culture which show E.coli growth too. **She received 7 doses** ; the last one was on 26/4/2024. The plan was to be continued for 10 days and recheck the urine analysis. Patient should be assessed by Urologist for further assessment for the recurrence of E.coli growth and long-term catheter use.
2. Lasix 40 mg oral od. **She received 8 doses** ; the last dose was on 27/4/2024 with advice to take 3 liters of fluid daily. It was stopped because of the low input . The **input output chart** showed an average negative balance of700 ml.
3. **Blood pressure** follow up. Consider starting Amlodipine if reach 140/90 till repeat the Renal function on Monday 29/4/2024 .If the Renal function normal restart the antihypertensive medication (ARB receptor blocker+ Hydrochlorothiazide).
4. The Renal function test was repeated on 23/4/2024 and the result was normal according to lab figures. The medical plan was to continue input / output chart, repeat CBC, RFT& electrolytes, and urine general on 29/4/2024 again and continue the follow up with a Nephrologist.
5. Cardiologists Assessment was done. He added Aspirin, Plavix and Bisoprolol.

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27/4/2024

We were informed that the patient's family decide to admit the patient to the hospital on 27/ 4/2024 and discontinue the Intravenous antibiotic Ceftriaxone 1 gm/od. She received (7 doses / 10 doses). Medical report and All investigations results were attached.

28/4/2024

We have been informed that the patient did not go to the hospital, follow up visit and the following investigations are recommended:

1. CBC.
2. Urine Analysis.
3. RFT& electrolytes
4. Continue the treatment plan.
   Patient's caregivers discontinue the medical plan and the medical follow up.

Attending physician

• Dr. Hadeel Hussein M.A Hamed
Internal Medicine Physician
Sign: