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by Filevine

Structure of this document

How to navigate this document

1. Using embedded hyperlinks in document

The **hyperlinks in the header ('Guidelines / Case / Chronology...')** allow you to navigate to specific sections of the document, while the **hyperlinks in the chronology and summary sections ('[1]')** help you navigate to the source information in the referenced medical records. **The go back ('← Go back')** link allows you to return to the previously viewed page.

2. Using bookmarks in Adobe Acrobat Reader

Use the bookmarks in Adobe Acrobat Reader as a 'Table of Contents' to navigate the summary more efficiently. To access them, click the Bookmarks button on the left side of the screen, or go to View > Show/Hide > Navigation Panes > Bookmarks.

Do you need help?

If you have any questions or need assistance with issues, please reach out to our customer support team at support@parrot.us.

Case overview

Patient name	Date of birth	Gender
		Male

Overview

Primary Diagnoses

Urinary Tract Infection and Sepsis

The patient was diagnosed with pyelonephritis complicated by septic shock. [8] Blood cultures revealed E. coli bacteremia, with the organism demonstrating sensitivity to all antibiotics tested. [10]

Prostatic Enlargement

An enlarged prostate was identified as the underlying cause of urinary retention, with post-void residual volumes measuring between 150-200cc. [9–10]

Initial Presentation

Urinary Symptoms

The patient presented with a five-day history of urinary frequency, urgency, and dysuria, consistent with a urinary tract infection. [8]

Septic Presentation

The clinical presentation included 48 hours of fever and rigors. [8] Initial vital signs showed hypotension with blood pressure of 80/40 mmHg and tachycardia. [8] The serum lactate was significantly elevated at 6.1, indicating tissue hypoperfusion. [8]

Hospital Course

Hemodynamic Management

The patient required hemodynamic support with levophed and crystalloid fluids. [8–10] Hemodynamic stability was achieved after 12 hours of treatment, concurrent with normalization of serum lactate levels. [8–10]

Liver Function Abnormalities

Initial liver enzymes were severely elevated with ALT 1001, AST 850, and ALP 450. [10] These values showed significant improvement by discharge, with final values of ALT 90, AST 70, and ALP 35. [10]

Case overview

Diagnostic Studies

Imaging Findings

Ultrasound examination of the kidneys and liver demonstrated normal findings. [8–10] Prostatic evaluation revealed enlargement with post-void residual volumes of 150-200cc. [9–10]

Laboratory Results

Blood cultures identified E. coli bacteremia with pan-antibiotic sensitivity. [10] Liver function tests showed initial severe elevation with subsequent improvement by discharge. [10]

Discharge Plan

Medication Regimen

The discharge medication plan included a 14-day course of ciprofloxacin 500mg twice daily and newly prescribed tamsulosin 0.4mg to be taken at bedtime. [10]

Follow-up Instructions

Follow-up plans include liver enzyme testing in two weeks, urology evaluation for enlarged prostate, and monitoring for orthostatic symptoms. [10] The patient was instructed to seek immediate medical attention if fever or urinary symptoms recur. [8–10]

Patient name	Date of birth	Gender
		Male

Patient Profile

Patient Information

Demographics

The patient is a 65-year-old male. [8], [10]

Current Medical Condition

The patient presents with pyelonephritis complicated by acute kidney injury and transaminitis. [8], [10]

Medical History

Pre-existing Conditions

The patient has a medical history of hypertension, Type 2 diabetes without complications, and iron deficiency anemia. [8–10] Additionally, the patient has a one-year history of prostatism symptoms. [8–10]

Hospital Complications

During hospitalization, the patient developed acute kidney injury and transaminitis. [8]

Case overview

Patient name

Date of birth

Sources

Medical records used:

test discharge.pdf

Chronology

Patient name | Date of birth

Date / Provider / Facility	Entry
08-04-2015 Litt, Dhanjit, MD, Frost, David, MD, Snow, Michael, MD, Lee, Dan, MD, Cole, Kenneth, MD, Jay, Samantha, MD Toronto General Hospital	**Hospitalization for Sepsis** Patient admitted with septic shock secondary to pyelonephritis, requiring vasopressor support. Condition stabilized with antibiotics and fluid resuscitation. Enlarged prostate identified as underlying cause. **Summaries: [7]; Source pages: [8–10]**

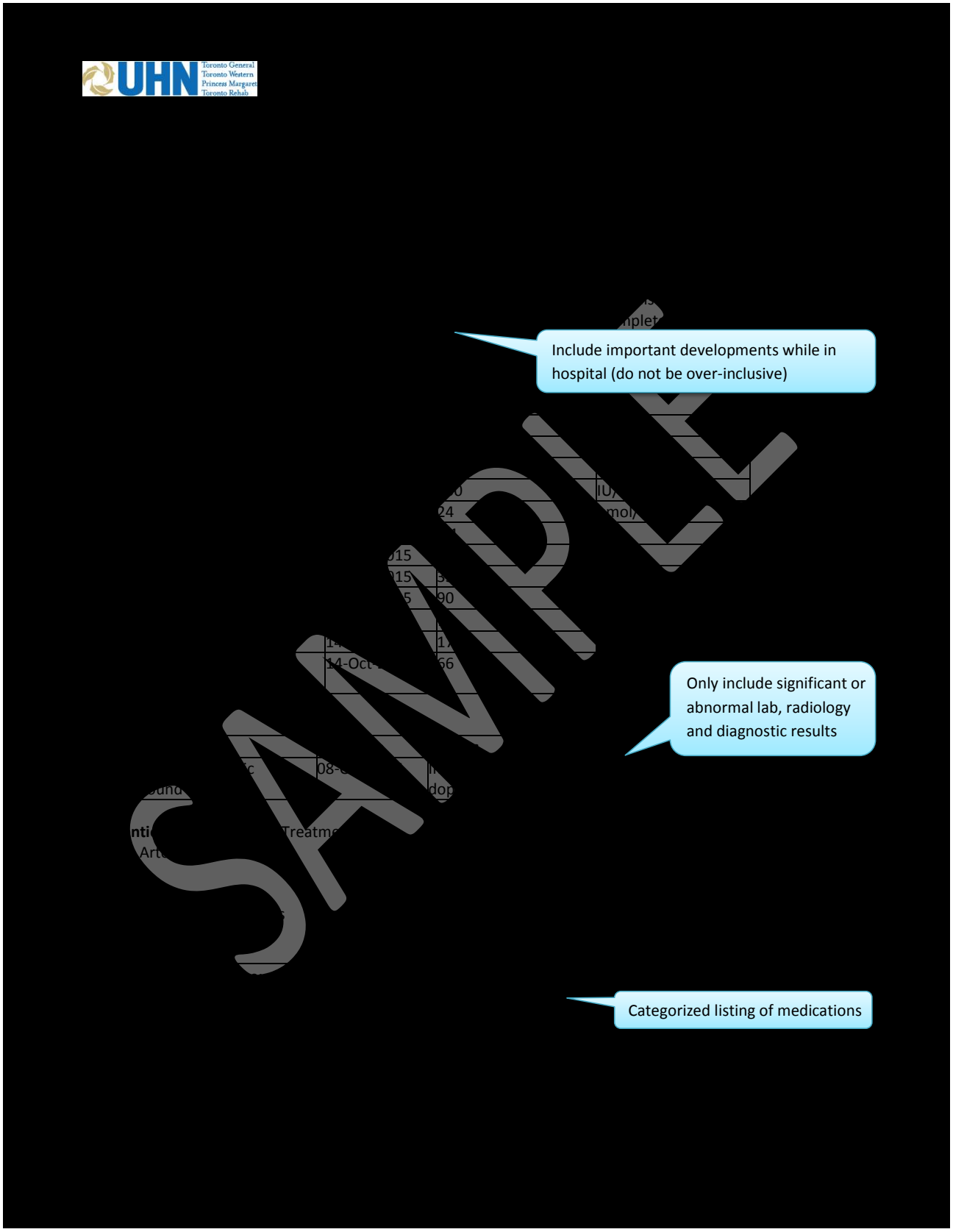
Summary (Grouped by date)

Patient name | Date of birth

Date / Provider / Facility	Summary
08-04-2015 **Litt, Dhanjit, MD, Frost, David, MD, Snow, Michael, MD, Lee, Dan, MD, Cole, Kenneth, MD, Jay, Samantha, MD** **Toronto General Hospital**	**Hospital Course** **Initial Presentation:** Patient presented with five days of increased urinary frequency, urgency and dysuria, plus 48 hours of fever and rigors. [8], [10] Initial assessment showed hypotension (BP 80/40) and tachycardia with elevated serum lactate of 6.1. [8–9] **Clinical Course and Treatment:** Diagnosed with pyelonephritis. [8] Received 1.5L IV fluid bolus but remained hypotensive, requiring hemodynamic support with levophed and crystalloids. [8–9] Arterial line placed for monitoring. [10] Blood cultures positive for E.Coli, sensitive to all antibiotics. [10] After 12 hours, serum lactate normalized and hemodynamics stabilized. [8–10] **Diagnostic Findings:** Severely elevated liver enzymes initially (ALT 1001 IU/L, AST 850 IU/L, ALP 450 IU/L), improved at discharge (ALT 90 IU/L, AST 70 IU/L, ALP 35 IU/L). [10] Abdominal ultrasound revealed severely enlarged prostate with significant post-void residuals (150-200cc), identified as the underlying mechanism for pyelonephritis. [8–10] Normal kidney and liver findings on ultrasound. [8–10] **Discharge Plan** **Medications:** Continuing: Proferrin 1 tablet daily, Ramipril 10mg daily, Metformin 500mg BID. New: Ciprofloxacin 500mg twice daily to complete 14-day course, Tamsulosin 0.4mg QHS for enlarged prostate. [10] **Follow-up Care:** Mandatory follow-up in two weeks for repeat AST and ALT testing to ensure normalization. [8–10] Urology evaluation arranged for enlarged prostate management. [10] Patient to seek immediate medical attention if fever or urinary symptoms recur. [8–10] Monitor for orthostatic symptoms with new prostate medication. [8], [10]


Ensure Primary Care / Referring Provider information is correct
Be concise and itemize descriptions of patient's initial presentation
Indicate pre-existing conditions patient arrived with vs. conditions that developed during stay
SAMPLE

MR-00001


Include important developments while in hospital (do not be over-inclusive)
Only include significant or abnormal lab, radiology and diagnostic results
Categorized listing of medications
SAMPLE

MR-00002


Do not exceed more than three pages!
Itemized follow-up plan instructions for patient, and recommendations for Provider(s)
Follow-up arrangements and referrals listed as scheduled / to be scheduled
SAMPLE
Contributor of this Sample Discharge Summary: Dr. Dhanjit Litt, Clinical Assistant, General Internal Medicine, 2016
Peer reviewed by: Dr. David Frost, MD, FRCP(C), General Internal Medicine, 2016

MR-00003

Summary (Grouped by date)

Patient name | Date of birth

Summary Index