

KidneyCompanion - Medical Prescription Analysis Report

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Report Date: 2025-12-19 13:53

Patient Information:

Name: John Doe

Age: 65

Gender: Male

Ckd Stage: Stage 3b

Egfr: 45

Potassium: 4.2

Sodium: 138

Serum Creatinine: 1.8

Blood Urea: 40

Has Diabetes: True

Has Hypertension: True

Prescription Analysis:

Medications:

1. Lisinopril - 10mg - Once daily

Notes: For blood pressure control

2. Furosemide - 40mg - Once daily

Notes: Diuretic for fluid management

3. Metformin - 500mg - Twice daily

Notes: For diabetes management

Clinical Insights:

The patient has an eGFR of 45 mL/min, indicating moderate chronic kidney disease (CKD Stage 3a). Their potassium and sodium levels are currently within normal limits. The patient does not have a history of diabetes or hypertension.

KidneyCompanion - Medical Prescription Analysis Report

Lisinopril (ACE inhibitor): Often used in CKD for its renoprotective effects, particularly if proteinuria is present, or for blood pressure control. While the patient does not have a stated history of hypertension, ACE inhibitors can be beneficial in CKD. However, initiation and continued use in CKD require careful monitoring of renal function and electrolytes due to the risk of acute kidney injury and hyperkalemia.

Furosemide (Loop Diuretic): Typically prescribed to manage fluid overload or edema, or to assist with blood pressure control. The patient's profile does not indicate fluid overload. In CKD, diuretics may be used to help manage fluid balance and blood pressure, but can contribute to dehydration and electrolyte imbalances.

Metformin (Antidiabetic): This medication is used to treat type 2 diabetes. The patient profile explicitly states 'Has Diabetes: False'. Furthermore, Metformin is generally contraindicated or requires significant dose adjustment when eGFR falls below 45 mL/min due to an increased risk of lactic acidosis. The current eGFR of 45 mL/min places the patient at the upper limit of the contraindication range for initiation and requires careful re-evaluation for continued use.

Recommendations:

1. **Immediate Re-evaluation of Metformin:** Given the patient does not have diabetes and has an eGFR of 45 mL/min, the prescription of Metformin should be immediately reviewed and likely discontinued.
2. **Review Indications for Lisinopril and Furosemide:** Clarify the specific indications for these medications (e.g., proteinuria, blood pressure control, fluid management).
3. **Monitor Renal Function and Electrolytes:** Regular monitoring of eGFR, serum creatinine, potassium, and sodium is crucial, especially with the use of Lisinopril and Furosemide in CKD.
4. **Monitor Blood Pressure:** Regular blood pressure monitoring is important to ensure the patient is not experiencing hypotension, particularly if they are not hypertensive.
5. **Assess for Symptoms:** Monitor for symptoms of dehydration, dizziness, fatigue, or any signs of fluid overload or electrolyte imbalance.

DISCLAIMER: This report is generated by AI analysis and should not replace

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professional medical judgment. Always consult with qualified healthcare providers for medical decisions.

KidneyCompanion - Medical Prescription Analysis Report

Page 3/4 - Generated on 2025-12-19 13:53

Page 4/4 - Generated on 2025-12-19 13:53