

Patient Information

Name:	Aditya Yogesh Raje	Age:	55
Phone:	09699616876	Blood Type:	A-
Patient ID:	PRAJE02		
Address:	F-104,TARANGANA RESIDENCY,NEAR KHUTWAD CHOWK, HARPALE WASTI,PHURSUNGI,HADAPSAR, PUNE, MAHARASHTRA, MAHARASHTRA, 412308		
Email:	MARK		

Medications & Dosage

#	Medication Name	Dosage	Frequency	Notes
1	Lisinopril	1-0-1	3days	

Clinical Insights

- Lisinopril is an Angiotensin-Converting Enzyme (ACE) inhibitor commonly prescribed for conditions such as hypertension, heart failure, and to protect kidney function in patients with diabetes or chronic kidney disease (CKD) who have proteinuria. In this patient's profile, it is noted that they 'Has Hypertension: 0' and 'Has Diabetes: False'. This raises a question regarding the primary indication for Lisinopril in this specific case, as its most common uses are not explicitly present in the provided profile. Furthermore, critical baseline information such as CKD stage, eGFR, serum creatinine, potassium, and blood urea are all listed as 'None', which makes a comprehensive assessment of its appropriateness for kidney protection or potential risks challenging. The prescribed duration of '3 days' for Lisinopril is also unusual, as ACE inhibitors are typically long-term medications. This short duration might suggest a specific acute indication, a trial period, or a loading dose, which is not clarified by the provided information.

Risk Assessment

- Given the patient's profile, several potential risks warrant consideration:
- Hypotension: Since the patient is noted as 'Has Hypertension: 0', there is an increased risk of

- symptomatic hypotension (low blood pressure) upon initiation of Lisinopril, which is designed to lower blood pressure.
- Hyperkalemia: ACE inhibitors can increase serum potassium levels. Without baseline potassium levels, the risk of developing hyperkalemia cannot be adequately assessed.
 - Acute Kidney Injury (AKI): In susceptible individuals, ACE inhibitors can sometimes lead to a decline in kidney function. Without baseline eGFR and serum creatinine, the patient's renal reserve is unknown, making it difficult to predict this risk.
 - Other common side effects include cough and angioedema (swelling of the face, lips, tongue, or throat), which can be serious.

Lifestyle & Care Recommendations

- For educational purposes, general recommendations would include:
- Clarify the Indication: It is crucial to understand the specific reason for prescribing Lisinopril, especially given the absence of hypertension or diabetes in the patient profile and the unusual 3-day duration.
- Baseline Monitoring: Obtain baseline measurements of eGFR, serum creatinine, and potassium levels **before** initiating Lisinopril to establish a reference point for monitoring kidney function and electrolyte balance.
- Blood Pressure Monitoring: Closely monitor blood pressure, particularly after the first dose and throughout the 3-day course, to detect and manage potential hypotension.
- Electrolyte and Renal Function Monitoring: If the medication is continued beyond 3 days, regular monitoring of potassium and renal function (eGFR, serum creatinine) would be important.
- Patient Education: Educate the patient about potential side effects, including symptoms of hypotension (dizziness, lightheadedness), cough, and signs of angioedema, and when to seek medical attention.

Potential Drug Interactions

- Common drug interactions with Lisinopril that could be relevant include:
- Potassium-sparing diuretics or potassium supplements: Increased risk of hyperkalemia.
- Nonsteroidal anti-inflammatory drugs (NSAIDs): Can reduce the antihypertensive effect of Lisinopril and increase the risk of renal impairment, especially in dehydrated patients or those with pre-existing kidney dysfunction.
- Lithium: Lisinopril can increase serum lithium concentrations, potentially leading to lithium toxicity.
- Other antihypertensive agents: Concurrent use with other medications that lower blood pressure may

increase the risk of hypotension.

Recommended Follow-up

- Given the potential risks and the lack of baseline data, a follow-up timeline would generally involve:
- Early Monitoring: A follow-up visit to check blood pressure, eGFR, and potassium levels within 1-2 weeks of initiation, or immediately after the 3-day course if the medication is continued, is typically recommended to assess tolerance and potential adverse effects.
- Regular Monitoring: Ongoing monitoring of blood pressure, renal function, and electrolytes should be performed as clinically indicated, especially if the medication is continued long-term.
- As Needed: Patients should be advised to contact their healthcare provider if they experience any concerning symptoms such as dizziness, lightheadedness, persistent cough, or swelling.

MEDICAL DISCLAIMER

This report is generated using AI analysis of provided prescription data. It is intended for informational and educational purposes only. This analysis does NOT constitute medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.