

KidneyCompanion - Medical Prescription Analysis Report

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Report Date: 2025-12-19 13:52

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/1.73m², which indicates Chronic Kidney Disease (CKD) Stage G3a. Lisinopril, an ACE inhibitor, is often prescribed in CKD for its renoprotective effects, which include slowing the progression of

KidneyCompanion - Medical Prescription Analysis Report

kidney disease and reducing proteinuria, even in the absence of overt hypertension. The current eGFR is within the range where Lisinopril can be used, but close monitoring is essential. Furosemide, a loop diuretic, is commonly used in CKD patients to manage fluid overload or edema, which can be a complication of kidney disease. It can also contribute to blood pressure control. Loop diuretics are generally effective at this eGFR level. Metformin is an anti-diabetic medication. The patient profile explicitly states 'Has Diabetes: False.' If this is accurate, the prescription of Metformin is inappropriate and requires immediate clarification. Metformin is contraindicated in patients without diabetes. If the patient does have diabetes (and the profile is incorrect), an eGFR of 45 mL/min/1.73m² allows for Metformin use, but with careful monitoring and potentially a reduced maximum daily dose (the current dose of 1000mg/day is generally acceptable for this eGFR, but individual patient factors are important).

Recommendations:

1. ****Immediate Clarification for Metformin**:** Verify the patient's diabetes status immediately. If the patient does not have diabetes, Metformin should be discontinued. If the patient does have diabetes, ensure appropriate monitoring of blood glucose, eGFR, and vitamin B12 levels.
2. ****Renal Function and Electrolyte Monitoring**:** Closely monitor eGFR, serum creatinine, and electrolyte levels (especially potassium and sodium) within 1-2 weeks of starting or adjusting these medications, and regularly thereafter (e.g., every 3-6 months or as clinically indicated).
3. ****Blood Pressure Monitoring**:** Monitor blood pressure regularly to ensure it remains within a safe and therapeutic range, avoiding hypotension.
4. ****Patient Education**:** Educate the patient on the importance of hydration, recognizing symptoms of hypotension (dizziness, lightheadedness), electrolyte imbalances (e.g., muscle weakness, palpitations), and when to seek medical attention.
5. ****Review Indications**:** Re-evaluate the specific indications for Furosemide (e.g., presence of edema, fluid overload, or specific blood pressure targets) given the patient profile.

KidneyCompanion - Medical Prescription Analysis Report

does not explicitly state these conditions.

DISCLAIMER: This report is generated by AI analysis and should not replace 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 13:52

Page 4/4 - Generated on 2025-12-19 13:52