

## Patient Information

Name: john doe

Address: sdawdadw

Phone Number: 99999\

Age: 22

Blood Type: O-

## Medications & Dosage

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

## Clinical Insights

- The patient profile indicates 'Has Diabetes: False', yet Metformin is prescribed. Metformin is primarily an oral antihyperglycemic agent used for Type 2 Diabetes Mellitus. Prescribing Metformin to a non-diabetic patient, especially for a short duration of 3 days, is highly unusual and warrants immediate clarification regarding the underlying diagnosis or the specific indication for this medication. The dosage of 1-0-1 (twice daily) is a common starting or maintenance dose for Metformin. The absence of CKD stage, eGFR, serum creatinine, potassium, sodium, and blood urea levels prevents a comprehensive assessment of Metformin's safety in the context of renal function, which is critical for this medication.

## Risk Assessment

- The primary risk is the prescription of Metformin to a patient explicitly stated as non-diabetic. This could lead to hypoglycemia, although Metformin has a lower risk compared to insulin or sulfonylureas. More critically, the lack of renal function parameters (eGFR, serum creatinine) poses a significant risk. Metformin is predominantly excreted by the kidneys, and its accumulation in patients with impaired renal function can lead to a severe and potentially fatal complication known as lactic acidosis. Without current kidney function data, the safety of Metformin cannot be adequately assessed. The 3-day duration is also unusual for a medication typically used for chronic conditions, raising questions about the therapeutic intent.

## Lifestyle & Care Recommendations

- **\*\*Immediate Clarification:\*\*** Confirm the patient's current medical diagnoses and the specific indication for Metformin prescription, especially given the 'Has Diabetes: False' status.
- **\*\*Renal Function Assessment:\*\*** Obtain current eGFR and serum creatinine levels *\*before\** initiating or continuing Metformin. This is crucial to assess kidney function and determine if Metformin is appropriate and at what dose.
- **\*\*Blood Glucose Monitoring:\*\*** If Metformin is continued, monitor blood glucose levels closely to detect any potential hypoglycemia, particularly in a non-diabetic individual.
- **\*\*Review Duration:\*\*** Clarify the intended duration of Metformin therapy, as 3 days is atypical for its usual indications.
- **\*\*Patient Education:\*\*** Educate the patient on the purpose of the medication, potential side effects (especially gastrointestinal upset and symptoms of lactic acidosis), and the importance of follow-up.

## Potential Drug Interactions

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- Given only Metformin is listed, specific drug-drug interactions cannot be fully assessed. However, general considerations for Metformin include:
- **\*\*Iodinated Contrast Media:\*\*** Metformin should typically be temporarily discontinued before or at the time of an iodinated contrast imaging procedure and withheld for at least 48 hours afterward, or until renal function has been re-evaluated and found to be stable.
- **\*\*Drugs Affecting Renal Function:\*\*** Medications that can impair renal function (e.g., NSAIDs, certain diuretics, ACE inhibitors/ARBs in specific contexts) could indirectly increase Metformin levels by reducing its renal clearance.
- **\*\*Cationic Drugs:\*\*** Drugs that are eliminated by renal tubular secretion (e.g., cimetidine, ranolazine, dolutegravir, trimethoprim, vandetanib, isavuconazole) can compete with Metformin for transport, potentially increasing Metformin plasma concentrations.
- **\*\*Alcohol:\*\*** Excessive alcohol intake can increase the risk of lactic acidosis when taking Metformin.

## Recommended Follow-up

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- **\*\*Immediate Clinical Review:\*\*** An urgent review of the prescription with the prescribing clinician is recommended to clarify the indication and address the discrepancy regarding diabetes status.
- **\*\*Prompt Laboratory Testing:\*\*** Obtain eGFR, serum creatinine, and potentially blood glucose levels as soon as possible.
- **\*\*Re-evaluation of Medication:\*\*** Based on the clarified diagnosis and renal function results, re-evaluate

- the appropriateness, dosage, and duration of Metformin therapy.
- **\*\*Ongoing Monitoring:\*\*** If Metformin is continued, regular monitoring of renal function and blood glucose levels should be established.

**MEDICAL DISCLAIMER**

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