

# 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.

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**\*\*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.*

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