Note ID: 13180007-DS-14

Extracted Subheadings

Here is the list of extracted subheadings:
1. PATIENT IDENTIFICATION
2. DISPOSITION STATUS
3. CHIEF COMPLAINT
4. MAJOR SURGICAL OR INVASIVE PROCEDURE
5. HISTORY OF PRESENT ILLNESS
6. PAST MEDICAL HISTORY
7. SOCIAL HISTORY
8. FAMILY HISTORY
9. PHYSICAL EXAMINATION
10. PERTINENT RESULTS
11. CTA CHEST ABDOMEN
12. CXR
13. BRIEF HOSPITAL COURSE
14. TRANSITIONAL ISSUES
15. MEDICATIONS ON ADMISSION
16. DISCHARGE MEDICATIONS
17. DISCHARGE DISPOSITION
18. DISCHARGE DIAGNOSIS
19. DISCHARGE CONDITION
20. DISCHARGE INSTRUCTIONS
21. FOLLOWUP INSTRUCTIONS

Extracted Information

Here is the list of extracted subheadings:

Here is the list of extracted subheadings: Admission: NO INFORMATION FOUND Pertinent Results: • LABORATORY RESULTS • 12:10AM BLOOD: • WBC-4.6 • RBC-4.10* • Hgb-11.7* • Hct-34.1* • MCV-83 • MCH-28.5 • MCHC-34.3 • RDW-14.6 • RDWSD-44.0 • Plt- [REDACTED] • 12:10AM BLOOD Neuts-83.5* Lymphs-8.9* Monos-6.7 Eos-0.0* Baso-0.2 Im- [REDACTED] AbsNeut-3.85 AbsLymp-0.41* AbsMono-0.31 AbsEos-0.00* AbsBaso-0.01 • 12:10AM BLOOD • Glucose-213* • UreaN-12 • Creat-1.7* • Na-137 • K-3.6 • Cl-99 • HCO3-26 • AnGap-12 • 07:25AM BLOOD • Glucose-182* • UreaN-32* • Creat-2.1* • Na-138 • K-3.9 • Cl-99 • HCO3-25 • AnGap-14 • 12:10AM BLOOD • ALT-35 • AST-34 • AlkPhos-85 • TotBili-0.4 • 12:10AM BLOOD • proBNP- [REDACTED] • 12:10AM BLOOD • cTropnT-0.04* • 07:25AM BLOOD • cTropnT-0.03* • 07:25AM BLOOD • Calcium-7.6* • Phos-4.7* • Mg-2.0 • 12:10AM BLOOD • D-Dimer-670* • 01:04AM BLOOD • %HbA1c-10.5* • eAG-255* • CTA CHEST ABDOMEN • 1. No evidence of pulmonary embolus. • 2. Unchanged small pericardial effusion. • 3. No specific abdominal findings to explain epigastric pain. • 4. Stable pulmonary nodules since [REDACTED], measuring up to 1.0 cm.

: **Allergies** * No Known Allergies / Adverse Drug Reactions

1. PATIENT IDENTIFICATION

1. PATIENT IDENTIFICATION: • Name: [NOT PROVIDED] • Unit No: [NOT PROVIDED] • Admission Date: [NOT PROVIDED] • Discharge Date: [NOT PROVIDED] • Date of Birth: [NOT PROVIDED] • Sex: M

2. DISPOSITION STATUS

2. DISPOSITION STATUS: * Discharge Disposition: **Home** * Discharge Diagnosis: + Viral gastroenteritis + CKD (Chronic Kidney Disease) * Discharge Condition: + Mental Status: Clear and coherent + Level of Consciousness: Alert and interactive + Activity Status: Ambulatory - Independent * Discharge Instructions: + Resume regular activities + Follow up with primary care doctor in one week to check kidney function + Repeat BMP (Basic Metabolic Panel) to confirm improved kidney function + Follow up with cardiologist to consider stress testing * Discharge Medications: + Glargine 55 Units Bedtime + Albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN + Amlodipine 10 mg PO DAILY + Aspirin-dipyridamole ___ mg oral DAILY + Atorvastatin 80 mg PO QPM + Baclofen 10 mg PO Q12H:PRN + Chlorthalidone 25 mg PO DAILY + Clonidine 0.2 mg PO BID + Ezetimibe 10 mg PO DAILY + Fish Oil (Omega 3) 1000 mg PO BID + Gabapentin 400 mg PO TID + Glipizide XL 2.5 mg PO DAILY + Lisinopril 40 mg PO DAILY + Metformin (Glucophage) 850 mg PO TID + Metoprolol Tartrate 25 mg PO DAILY + Polyethylene Glycol 17 g PO DAILY:PRN

3. CHIEF COMPLAINT

3. CHIEF COMPLAINT: - Vomiting - Non-bilious, non-bloody - Denied problems with bowel movements - Cessation of vomiting described - Initial onset during the night after eating Taco Bell - Frequency and timing of vomiting tracked - No specific food items except Taco Bell mentioned as potential cause - Vomiting continued after admission and before discharge - Medications and treatments for vomiting not specified under this section

4. MAJOR SURGICAL OR INVASIVE PROCEDURE

4. MAJOR SURGICAL OR INVASIVE PROCEDURE: * None.

5. HISTORY OF PRESENT ILLNESS

5. HISTORY OF PRESENT ILLNESS: • Age: 60 years old (___ year old with IDDM, HTN, CVA, asthma) • Sex: Male • Chief Complaint: Vomiting • Duration: Vomiting multiple times starting last night • Description: Non-bilious non-bloody vomiting, didn't vomit often • Associated Symptoms: • High blood pressure (HTN) • Chest pain (sometimes experienced when walking long distances) • Feeling "off balance" when BP is raised • Tiredness over the past six months (without PND or orthopnea) • Lower extremity edema • Medications: Using pill box, notes compliance, eats healthy (although had Taco Bell last night) • Past Medical History: • IDDM • HTN • CVA • Asthma • Past Medical History: See "PAST MEDICAL HISTORY" section

6. PAST MEDICAL HISTORY

6. PAST MEDICAL HISTORY: * DM2 (Type 2 Diabetes Mellitus) * Diabetic Retinopathy * Hypothyroidism * CKD Stage IIIa (Chronic Kidney Disease stage IIIa) * HLD (Hyperlipidemia) * HTN (Hypertension) * Pulmonary Nodule * Ischemic Stroke * Erectile Dysfunction * Lumbar Stenosis * Aortic Insufficiency * ASD (Atrial Septal Defect) Note: None of the other subheadings provide additional information related to the patient's past medical history.

7. SOCIAL HISTORY

7. SOCIAL HISTORY: * Family History: Noncontributory * Employment: Not provided * Education: Not provided * Occupation: Not provided * Living Situation: Not provided * Support System: The patient

relies on his wife to help him with his medication schedule.

8. FAMILY HISTORY

8. FAMILY HISTORY: * Noncontributory.

9. PHYSICAL EXAMINATION

9. PHYSICAL EXAMINATION: * ED Vitals (initial): T98, HR 87, BP 120/55, RR 20 * Current BP (after Nitropaste removed): ~ 170s/90s * General: No abdominal distress (NAD), pleasant * HEENT: Moist oral mucosa, eyes: movements intact (EOMI) * Cardiovascular: Regular rhythm (RRR), holosystolic murmur (Right Upper Sternal Border) + short diastolic murmur (Left Upper Sternal Border) * Lungs: Good air movement, slight wheeze throughout * Extremities: 1+ pitting edema in legs bilaterally * Abdomen: Soft, distended, without fluid wave, + bowel sounds (BS) * Neuro: No gross focal deficits * Patient re-examined on day of discharge: + AVSS with systolics in the 150s + Pitting edema to shins, jugular venous pressure (JVP) unable to evaluate + S2, S2, no murmur, lungs clear and bronchial, abdomen: soft and non-tender (S/NT/ND), + B Physical Examination findings during hospital course: * BP before Nitropaste removed: 120/55 * BP after Nitropaste removed: ~ 170s/90s * NEURO:</NFA decentral FJCFA> No gross focal deficits

10. PERTINENT RESULTS

10. PERTINENT RESULTS: * LABORATORY RESULTS: + 12:10AM Blood: - WBC: 4.6 - RBC: 4.10* - Hgb: 11.7* - Hct: 34.1* - MCV: 83 - MCH: 28.5 - MCHC: 34.3 - RDW: 14.6 - RDWSD: 44.0 - Neuts: 83.5* - Lymphs: 8.9* - Monos: 6.7 - Eos: 0.0* - Baso: 0.2 - Im: Not provided - AbsNeut: 3.85 - AbsLymp: 0.41* - AbsMono: 0.31 - AbsEos: 0.00* - AbsBaso: 0.01 + 12:10AM Blood Glucose: 213* + 12:10AM Blood Urea N: 12 + 12:10AM Blood Creat: 1.7* + 07:25AM Blood Glucose: 182* + 07:25AM Blood Urea N: 32* + 07:25AM Blood Creat: 2.1* + 12:10AM Blood ALT: 35 + 12:10AM Blood AST: 34 + 12:10AM Blood AlkPhos: 85 + 12:10AM Total Bili: 0.4 + 12:10AM Blood proBNP: Not provided + 12:10AM Blood cTropnT: 0.04* + 07:25AM Blood cTropnT: 0.03* + 07:25AM Blood Calcium: 7.6* + 07:25AM Blood Phos: 4.7* + 07:25AM Blood Mg: 2.0 + 12:10AM Blood D-Dimer: 670* + 01:04AM Blood %HbA1c: 10.5* + eAG: 255* * Imaging Results: + CTA Chest Abdomen: - No evidence of pulmonary embolus - Unchanged small pericardial effusion - No specific abdominal findings to explain epigastric pain - Stable pulmonary nodules since ___, measuring up to 1.0 cm * Cardiac Results: + Ejection Fraction (LVEF): 56% (from TTE)

11. CTA CHEST ABDOMEN

11. CTA CHEST ABDOMEN: - No evidence of pulmonary embolus. - Unchanged small pericardial effusion. - No specific abdominal findings to explain epigastric pain. - Stable pulmonary nodules since ___, measuring up to 1.0 cm. - Follow-up as detailed previously. Note: The date of when pulmonary nodules were last measured is not specified.

12. CXR

12. CXR: * IMPRESSION: Central pulmonary vascular congestion exaggerated by low lung volumes without definite edema. * CTAB notation in patient's physical exam on discharge

13. BRIEF HOSPITAL COURSE

13. BRIEF HOSPITAL COURSE: The patient was admitted with acute onset of vomiting likely due to an infection after eating Taco Bell. He was noted to be hypertensive in the ED and treated accordingly. • Key events during hospital stay: • Rapid resolution of symptoms post-admission • Continuation of kidney function issues (Cr 2.0, baseline ~ 1.2) on HD#1 • Trending down of troponin from 0.04 to 0.03 on HD#1 • Discussion with primary care doctor for follow-up and repeating kidney function tests • E-mail sent to cardiologist regarding elevated BNP and lower extremity edema • No prescription for furosemide due to lack of symptoms and kidney injury • Recommendation for stress testing given small troponin leak • Key laboratory results: • Elevated BNP (value not provided) • Lower extremity edema • Stable pulmonary nodules measuring up to 1.0 cm • Viral gastroenteritis • CKD (Glucose 213, UreaN-12, Creat-1.7) with subsequent improvement (Glucose 182, UreaN-32, Creat-2.1) on HD#1 • Mildly elevated troponin (0.04-0.03) without cardiac symptoms or EKG changes

14. TRANSITIONAL ISSUES

14. TRANSITIONAL ISSUES: * Patient will need a follow-up CT scan in [NOT PROVIDED] months * Continue to evaluate patient for symptomatic heart failure, BNP was elevated, and lower extremity edema, but otherwise no symptoms * Repeat BMP next week to confirm improved kidney function * On cardiology follow-up, patient could be considered for a stress test given small troponin leak Note: No other information is provided under this subheading in the document.

15. MEDICATIONS ON ADMISSION

15. MEDICATIONS ON ADMISSION: • Lisinopril 40 mg PO DAILY • Gabapentin 400 mg PO TID • Fish Oil (Omega 3) 1000 mg PO BID • amLODIPine 10 mg PO DAILY • Atorvastatin 80 mg PO QPM • MetFORMIN (Glucophage) 850 mg PO TID • Metoprolol Tartrate 25 mg PO DAILY • Polyethylene Glycol 17 g PO DAILY:PRN Constipation • CloNIDine 0.2 mg PO BID • Ezetimibe 10 mg PO DAILY • Baclofen 10 mg PO Q12H:PRN Muscle Spasms • Glargine 55 Units Bedtime • aspirin-dipyridamole ___ mg oral DAILY • Chlorthalidone 25 mg PO DAILY • GlipiZIDE XL 2.5 mg PO DAILY • albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN Note: The preadmission medication list is considered inaccurate and requires further investigation.

16. DISCHARGE MEDICATIONS

16. DISCHARGE MEDICATIONS: * 1. Glargine 55 Units Bedtime * 2. albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN * 3. amLODIPine 10 mg PO DAILY * 4. aspirin-dipyridamole ___ mg oral DAILY * 5. Atorvastatin 80 mg PO QPM * 6. Baclofen 10 mg PO Q12H:PRN Muscle Spasms * 7. Chlorthalidone 25 mg PO DAILY * 8. CloNIDine 0.2 mg PO BID * 9. Ezetimibe 10 mg PO DAILY * 10. Fish Oil (Omega 3) 1000 mg PO BID * 11. Gabapentin 400 mg PO TID * 12. GlipiZIDE XL 2.5 mg PO DAILY * 13. Lisinopril 40 mg PO DAILY * 14. MetFORMIN (Glucophage) 850 mg PO TID * 15. Metoprolol Tartrate 25 mg PO DAILY * 16. Polyethylene Glycol 17 g PO DAILY:PRN Constipation

17. DISCHARGE DISPOSITION

17. DISCHARGE DISPOSITION: * Discharge Status: Home * Discharge Diagnosis: • NT on CKD (status pending further investigation) • Viral gastroenteritis * Discharge Conditions: • Mental Status: Clear and coherent. • Level of Consciousness: Alert and interactive. • Activity Status: Ambulatory - Independent.

18. DISCHARGE DIAGNOSIS

18. DISCHARGE DIAGNOSIS: • Viral gastroenteritis • ___ on CKD (acute kidney injury) Discharge Diagnosis:

19. DISCHARGE CONDITION

19. DISCHARGE CONDITION: * Mental Status: Clear and coherent. * Level of Consciousness: Alert and interactive. * Activity Status: Ambulatory - Independent. Followup Instructions: * Return to primary care doctor's clinic next week. * Repeat kidney function tests next week. * Retest troponin in future with cardiology follow-up. * Follow up CT scan in [NOT PROVIDED] months. * Continue home insulin for DM2. * Follow up with cardiology department for consideration of stress testing. * Continue home medications (list below). Discharge Medications: 1. Glargine 55 Units Bedtime 2. albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN 3. amLODIPine 10 mg PO DAILY 4. aspirin-dipyridamole ___ mg oral DAILY 5. Atorvastatin 80 mg PO QPM 6. Baclofen 10 mg PO Q12H:PRN Muscle Spasms 7. Chlorthalidone 25 mg PO DAILY 8. CloNIDine 0.2 mg PO BID 9. Ezetimibe 10 mg PO DAILY 10. Fish Oil (Omega 3) 1000 mg PO BID 11. Gabapentin 400 mg PO TID 12. GlipiZIDE XL 2.5 mg PO DAILY 13. Lisinopril 40 mg PO DAILY 14. MetFORMIN (Glucophage) 850 mg PO TID 15. Metoprolol Tartrate 25 mg PO DAILY 16. Polyethylene Glycol 17 g PO DAILY:PRN Constipation

20. DISCHARGE INSTRUCTIONS

20. DISCHARGE INSTRUCTIONS: * You were admitted with a vomiting likely due to an infection. * Your blood pressure was very high. * Overnight, your vomiting resolved and you were feeling better. * However, your kidney function was worse. * You will come see your primary care doctor next week and repeat your kidney function tests. * You should repeat your kidney function tests next week. * It was a pleasure taking care of you! Followup Instructions: * See primary care doctor next week * Repeat kidney function tests next week Note: The Spanish version of the discharge instructions is not included in the extracted information as it is not directly related to the English version.

21. FOLLOWUP INSTRUCTIONS

21. FOLLOWUP INSTRUCTIONS: * Follow up with primary care doctor next week to repeat kidney function tests and ensure resolution of kidney issues * Schedule a follow-up CT scan in 3 months to re-evaluate the stability of pulmonary nodules * Consider stress testing due to small troponin leak, to be discussed on cardiology follow-up * Monitor kidney function and adjust medications as needed * Continue home insulin for DM2 and follow up with endocrinologist for DM management * Continue statin for HLD * Cardiology follow-up to assess for symptomatic heart failure, despite elevated BNP and lower extremity edema

Original Note

Name: ___ Unit No: ___ Admission Date: ___ Discharge Date: ___ Date of Birth: ___ Sex: M Service: MEDICINE Allergies: No Known Allergies / Adverse Drug Reactions Attending: ___. Chief Complaint: Vomiting Major Surgical or Invasive Procedure: None History of Present Illness: ___ yo M with IDDM, HTN, CVA, asthma who presents to the ED after vomiting multiple times last night. He notes he ate taco bell at 5, then at 6pm ate dinner and vomited all his rice at that time. Continued to vomit multiple times and decided to come to the ED. Non bilious non bloody. Doesn't have vomiting often. Denies any problems with bowel movements. He notes that he has been having problems with his BPs at home. Notes compliance and uses a pill box that his wife helps him fill. Notes that he tries to eat healthy (although he did have tacobell last night around 5pm). He also notes feeling "off balance" when his BPs are raised but doesn't check them often at home. Has been trying to check blood sugars more recently. Doesn't have a log here. Notes he sometimes has chest pain. Currently without chest pain. Notes that he doesn't get it with walking unless walking long distance. Can walk up about 20 steps without stopping. Past Medical History: - DM2 - Diabetic Retinopathy - Hypothyroidism - CKD Stage IIIa - HLD - HTN - Pulmonary Nodule - Ischemic Stroke - Erectile Dysfunction - Lumbar Stenosis - Aortic Insufficiency - ASD Social History: ___ Family History: Noncontributory Physical Exam: ED Vitals: T98, HR 87, BP 120/55, RR:20 <-- BP before Nitropaste removed. Current BP ~ 170s/90s Gen: NAD, Pleasant HEENT: Moist oral mucosa. EOMI CV: RRR, holosystolic murmur RUSB + short diastolic murmur LUSB Lungs: Good air movement. Slight wheeze throughout Extremities: 1+ pitting edema in legs bilaterally Abd: Soft, Distended, without fluid wave. + BS Neuro: No gross focal deficits Patient examined on day of discharge; AVSS with systolics in the 150s. On exam, he was pitting edema to his shins, JVP unable to be evaluated. S2, S2, no mrg, lungs CTAB. Abd S/NT/ND +BS. Pertinent Results: LABORATORY RESULTS ___ 12:10AM BLOOD WBC-4.6 RBC-4.10* Hgb-11.7* Hct-34.1* MCV-83 MCH-28.5 MCHC-34.3 RDW-14.6 RDWSD-44.0 Plt ___ ___ 12:10AM BLOOD Neuts-83.5* Lymphs-8.9* Monos-6.7 Eos-0.0* Baso-0.2 Im ___ AbsNeut-3.85 AbsLymp-0.41* AbsMono-0.31 AbsEos-0.00* AbsBaso-0.01 ___ 12:10AM BLOOD Glucose-213* UreaN-12 Creat-1.7* Na-137 K-3.6 Cl-99 HCO3-26 AnGap-12 ___ 07:25AM BLOOD Glucose-182* UreaN-32* Creat-2.1* Na-138 K-3.9 Cl-99 HCO3-25 AnGap-14 ___ 12:10AM BLOOD ALT-35 AST-34 AlkPhos-85 TotBili-0.4 ___ 12:10AM BLOOD proBNP-___* ___ 12:10AM BLOOD cTropnT-0.04* ___ 07:25AM BLOOD cTropnT-0.03* ___ 07:25AM BLOOD Calcium-7.6* Phos-4.7* Mg-2.0 ___ 12:10AM BLOOD D-Dimer-670* ___ 01:04AM BLOOD %HbA1c-10.5* eAG-255* CTA CHEST ABDOMEN 1. No evidence of pulmonary embolus. 2. Unchanged small pericardial effusion. 3. No specific abdominal findings to explain epigastric pain. 4. Stable pulmonary nodules since ___, measuring up to 1.0 cm. Follow-up as detailed previously. CXR IMPRESSION: Central pulmonary vascular congestion exaggerated by low lung volumes without definite edema. Brief Hospital Course: Mr. ___ was admitted with acute onset of vomiting (which his wife also experienced) after eating Taco Bell. He was noted to be hypertensive in the ED, and treated as above. After admission to the floor, his symptoms rapidly resolved. On HD#1, he was noted to continue to have ___ (Cr 2.0, baseline ~ 1.2). His troponin had trended down 0.04->0.03. Taking additional history, he tells me he has felt more tired over the past six months, though without any PND or orthopnea. He does have some lower extremity edema. He denied any chest pain. He tells me he feels completely better and is anxious to get home to care for his wife in the snowstorm. I called Dr. ___ PCP, and we discussed his care -- Dr. ___ will see him in clinic next week with a follow up BMP to ensure resolution of his ___. I also e-mailed the ___, as his AIC is 10.6 and he has had difficulty controlling his blood sugars. He does have an elevated BNP, lower extremity edema, and some vascular congestion seen on CXR. However, he denies any other symptoms of heart failure, and a recent TTE did not show any dysfunction ___, LVEF 56%). I did not prescribe furosemide given his lack of symptoms and kidney injury. He will follow up with his cardiologist. Finally, his troponin was mildly elevated, in the setting of an unchanged EKG, no cardiac symptoms, and renal failure. It did not uptrend, and this likely represents demand ischemia. He will again follow up with his cardiologist for consideration of stress testing. HOSPITAL COURSE BY PROBLEM: 1. Viral gastroenteritis. Resolved. 2. ___ on CKD. Repeat BMP in one week. 3. DM2. Continue home insulin, will follow up with ___ ___ 4. HLD. Home statin 5. Pulmonary nodule seen on CT. Previously seen. Follow up CT in ___ months. 6. Hypothyroidism. TSH normal. 7. History of CVA. TRANSITIONAL ISSUES: - patient will need a follow up CT scan in ___ months - would continue to evaluate the patient for symptomatic heart failure -- BNP was elevated, and lower extremity edema, but otherwise no symptoms - repeat BMP next week to confirm improved kidney function - on cardiology follow up, patient could be considered for a stress test

given small troponin leak >35 minutes spent on discharge activities. Medications on Admission: The Preadmission Medication list may be inaccurate and requires futher investigation. 1. Lisinopril 40 mg PO DAILY 2. Gabapentin 400 mg PO TID 3. Fish Oil (Omega 3) 1000 mg PO BID 4. amLODIPine 10 mg PO DAILY 5. Atorvastatin 80 mg PO QPM 6. MetFORMIN (Glucophage) 850 mg PO TID 7. Metoprolol Tartrate 25 mg PO DAILY 8. Polyethylene Glycol 17 g PO DAILY:PRN Constipation 9. CloNIDine 0.2 mg PO BID 10. Ezetimibe 10 mg PO DAILY 11. Baclofen 10 mg PO Q12H:PRN Muscle Spasms 12. Glargine 55 Units Bedtime 13. aspirin-dipyridamole ___ mg oral DAILY 14. Chlorthalidone 25 mg PO DAILY 15. GlipiZIDE XL 2.5 mg PO DAILY 16. albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN Discharge Medications: 1. Glargine 55 Units Bedtime 2. albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN 3. amLODIPine 10 mg PO DAILY 4. aspirin-dipyridamole ___ mg oral DAILY 5. Atorvastatin 80 mg PO QPM 6. Baclofen 10 mg PO Q12H:PRN Muscle Spasms 7. Chlorthalidone 25 mg PO DAILY 8. CloNIDine 0.2 mg PO BID 9. Ezetimibe 10 mg PO DAILY 10. Fish Oil (Omega 3) 1000 mg PO BID 11. Gabapentin 400 mg PO TID 12. GlipiZIDE XL 2.5 mg PO DAILY 13. Lisinopril 40 mg PO DAILY 14. MetFORMIN (Glucophage) 850 mg PO TID 15. Metoprolol Tartrate 25 mg PO DAILY 16. Polyethylene Glycol 17 g PO DAILY:PRN Constipation Discharge Disposition: Home Discharge Diagnosis: ___ on CKD Viral gastroenteritis Discharge Condition: Mental Status: Clear and coherent. Level of Consciousness: Alert and interactive. Activity Status: Ambulatory - Independent. Discharge Instructions: You were admitted with a vomiting likely due to an infection. Your blood pressure was very high. Overnight, your vomiting resolved and you were feeling better. However, your kidney function was worse. Because you wanted to leave the hospital, I called your primary care doctor and we discussed that you would come see him next week and repeat your kidney function tests. Usted ingresó con un vómito probablemente debido a una infección. ___ presión arterial era muy ___, sus vómitos se resolvieron y usted se sintió mejor. Sin embargo, ___ función renal fue peor. Como deseaba ___ ___ hospital, llamé ___ médico de atención primaria y hablamos de que vendría a verlo ___ próxima ___ repetiría las pruebas de función renal. ¡Fue un placer cuidarte! It was a pleasure taking care of you! Followup Instructions: ___