

Tetracycli

Patient Category : Asymptomatic
Type of Specimen : Mid stream Clean Catch
Have you instructed your patient on the collection method for culture? : Yes
04/10/2021 UROFLOW AND POST VOID RESIDUE (UROLOGY) REPORT UPLOADED

RECOMMENDATIONS

Diet as advised

Explained low potassium diet and method of leaching
Cap. Zincovit one once daily
Tab. Atorvastatin 10mg once daily at bed time
Tab. Nodosis 500mg thrice daily
Tab. Sevelamer 400mg twice daily with food
Tab. Febuxostat 40mg once daily

Advied to consult in Urology

Review after 3 months

** To monitor blood pressures regularly and titrate dose of antihypertensives in consult with the physician

** To monitor renal functions once a month

** To get iron studies done and to replace iron if found necessary

** To get an AV fistula constructed at the earliest possible

** To monitor serum calcium and phosphate once a month and adjust dose of calcium supplements and phosphate binders accordingly

** Inj. Hepatitis B Vaccination 1 ml to each deltoid at 0,1,2 and 6 months

What are the options of renal replacement therapy?

1. Continuous Ambulatory Peritoneal Dialysis (CAPD)
2. Hemodialysis (HD)
3. Transplantation

In CAPD, a small catheter (tube) is surgically placed in the abdomen and dialysis exchanges are carried out by inflow and outflow of fluid. This has to be carried out 3 - 4 times a day. This modality has the convenience of being able to do at home and has some more dietary and fluid freedom. Hospital visits are needed only every monthly or so. The main thing to remember is that exchanges are to be carried out only after careful handwashing and aseptic precautions. This prevents infection which is the most important complication. This form of therapy offers freedom of movement to places without hemodialysis facility.

In HD, the patient has to come to the hospital thrice weekly for 4 hours therapy each (or at least twice weekly for 5 hours each). Blood is removed from the body through an arterio-venous fistula or catheter and the toxic wastes are exchanged across an artificial dialyser membrane. The treatment is carried out by the hospital dialysis staff and requires no effort from the patient or care-giver. However, more dietary restrictions are needed.

The best modality of renal replacement therapy is transplantation.

Essentially, any of these treatment modalities can be used for any patient with some important exceptions.

Please discuss with your doctor which modality is best suited for you.

GENERAL INSTRUCTION FOR RENAL PATIENTS:

KINDLY AVOID DRUGS TOXIC TO THE KIDNEY:
Avoid pain killers containing Non Steroidal Anti Inflammatory drugs (NSAIDs). Always consult a MD physician aware of your kidney disease before taking any pain killer