GENERAL INTERNAL MEDICINE DISCHARGE SUMMARY

Patient Name: Smith, John
DOB: 25-Dec-1950, 65 years old
MRN: 1234567
Gender: Male

VISIT ENCOUNTER

Visit Number: 11186424686
Admission Date: 08-Oct-2015
Discharge Date: 14-Oct-2015
Discharge Diagnosis: Pyelonephritis

Primary Care Provider / Family Physician: Jay, Samantha; 416-555-5555
Most Responsible Health Care Provider: Snow, Michael; Physician; 416-123-4567
Discharge Summary Completed by: Lee, Dan; Senior Resident; 416-321-4567 **on** 23-Jul-2015

Patient Encounter Type: Inpatient
Discharge Disposition: Discharged home **from** Toronto General Hospital (General Internal Medicine)

DIAGNOSIS (Co-Morbidities and Risks)

Conditions Impacting Hospital LOS:

Pre-Existing:

- Hypertension, Type 2 diabetes with no known complications

Developed:

- Acute kidney injury, Transaminitis

Conditions Not Impacting LOS:

- Iron deficiency anemia

Risks: None

COURSE WHILE IN HOSPITAL

Relevant Complaint(s) and Concerns:

1. Upon arrival: Patient presented with five days of increased urinary frequency, urgency and dysuria as well as 48 hours of fever and rigors. He was hypotensive and tachycardic upon arrival to the emergency department. The internal medicine service was consulted. The following issues were addressed during the hospitalization:

Summary Course in Hospital (Issues Addressed):

2. Fever and urinary symptoms: A preliminary diagnosis of pyelonephritis was established. Other causes of fever were possible but less likely. The patient was hypotensive on initial assessment with a blood pressure of 80/40. Serum lactate was elevated at 6.1. A bolus of IV fluid was administered (1.5L) but the patient remained hypotensive. Our colleagues from ICU were consulted. An arterial line was inserted for hemodynamic monitoring. Hemodynamics were supported with levophed and crystalloids. Piptazo was started after blood and urine cultures were drawn. After 12 hours serum lactate had normalized and hemodynamics had stabilized. Blood cultures were positive for E.Coli that was sensitive to all antibiotics. The patient was stepped down to oral ciprofloxacin to complete a total 14 day course of antibiotics.

   On further review it was learned that the patient has been experiencing symptoms of prostatism for the last year. An abdominal ultrasound performed for elevated liver enzymes and acute kidney injury confirmed a

severely enlarged prostate. Urinary retention secondary to BPH was the likely underlying mechanism that contributed to the development of pyelonephritis in this patient. He was started on Tamsulosin 0.4mg PO qhs and tolerated it well with no orthostatic intolerance. Post void residuals show 150-200cc of retained urine in the bladder. An outpatient referral to Urology has been requested by our team.

3. Elevated liver enzymes and creatinine. Both of these were thought to be related to end organ hypoperfusion in the setting of sepsis. Values improved with the administration of IV fluid and stabilization of the patients hemodynamics. Abdominal ultrasound with doppler flow and urine analysis ruled out other possible etiologies. Liver enzymes remain slightly above normal values at the time of discharge. We ask that the patients' family physician repeat these tests in 2 weeks' time to ensure complete resolution.

Investigations:

Labs

	Test	Test Date	Results	Units
1	Lactate	08-Oct-2015	6.1	mmol/L
2	ALP	08-Oct-2015	450	IU/L
3	ALT	08-Oct-2015	1001	IU/L
4	AST	08-Oct-2015	850	IU/L
5	Bilirubin	08-Oct-2015	24	umol/L
6	INR	08-Oct-2015	1.1	
7	Creatinine	08-Oct-2015	170	umol/L
8	ALP	14-Oct-2015	35	IU/L
9	ALT	14-Oct-2015	90	IU/L
10	AST	14-Oct-2015	70	IU/L
11	Bilirubin	14-Oct-2015	17	umol/L
12	Creatinine	14-Oct-2015	66	umol/L

Radiology:

	Test	Test Date	Results
1	Abdominal and Pelvic Ultrasound	08-Oct-2015	Impression: Normal kidneys, liver and doppler analysis. Enlarged prostate.

Interventions (Procedures & Treatments):

1. Arterial line insertion

Allergies:

- Latex – Causes rashes

DISCHARGE PLAN

Medications at Discharge:

Unchanged Medications:

- Proferrin 1 tablet po daily
- Ramipril 10mg po daily
- Metformin 500mg po BID

Adjusted Medications:

None

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New Medications:

- Ciprofloxacin 500 mg twice daily for 7 days
- Tamsulosin 0.4mg po QHS

Discontinued Medications:

None

Follow-Up Instructions for Patient:

1. Fever and urinary symptoms: Should these symptoms return please contact your family doctor urgently or visit your nearest emergency department.
2. Dizziness: You have been started on a new medication for your enlarged prostate. If you experience dizziness upon sitting or standing please contact your family physician.

Follow-Up Plan Recommended for Receiving Providers:

1. Dear Dr. Jay: Your patient was admitted to hospital with a diagnosis of pyelonephritis complicated by acute kidney injury and transaminitis. He likely has BPH which contributed to this. We have asked him to arrange follow up with you in two weeks' time. Please repeat his AST and ALT at that time to ensure that they have normalized. We have also referred him to our colleagues in urology for further assessment of his prostate.

Referrals and Appointments:

	Appointment With	**Location / Time**	**Comments/Instructions**
PATIENT TO BE CALLED	Outpatient Urology (Dr. Kenneth Cole) 416-340-4555	Urology 6 Eaton North (TGH)	A new referral has been sent to outpatient Urology. You will be contacted to be given an appointment. If you are not contacted with one week, please call the number provided to follow up.

Copies to be sent to:

1. Jay, Samantha; Family Physician; 416-555-5555

Contributor of this Sample Discharge Summary: *Dr. Dhanjit Litt, Clinical Assistant, General Internal Medicine, 2016*

Peer reviewed by: *Dr. David Frost, MD, FRCP(C), General Internal Medicine, 2016*