

Document Type: Hospital Discharge Summary - Acute Kidney Injury

Admission Date: November 5, 2014

Discharge Date: November 8, 2014

[Metropolitan General Hospital - Logo: A blue cross within a shield]

Patient Name: John Doe

Date of Birth: 01/15/1970

Medical Record Number: MJ19700115

ADMITTING DIAGNOSIS:

Acute Kidney Injury.

REASON FOR ADMISSION:

Nausea, vomiting, and decreased urine output. Patient presented to the Emergency Department with 2 days of severe gastroenteritis symptoms (6 episodes of non-bloody emesis, 8-10 episodes of watery diarrhea) and marked fatigue. Reports minimal oral intake during this period.

HISTORY OF PRESENT ILLNESS:

Patient's home medications include Lisinopril 10mg daily for hypertension and Mesalamine for Ulcerative Colitis. Unaware of medication-related kidney risks in setting of dehydration.

PAST MEDICAL HISTORY:

- Hypertension
- Ulcerative Colitis
- Hyperlipidemia

SIGNIFICANT HOSPITAL FINDINGS:

- **Labs (upon admission, 11/05/2014 - Metro Labs):**
 - Creatinine: 3.2 mg/dL (baseline known by PCP to be approximately 1.0-1.1 mg/dL)
 - BUN: 45 mg/dL
 - Potassium: 5.5 mEq/L
 - Sodium: 130 mEq/L
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- **Labs (upon discharge, 11/08/2014 - Metro Labs):**
 - Creatinine: 1.8 mg/dL
 - BUN: 25 mg/dL
 - Potassium: 4.2 mEq/L
 - Sodium: 138 mEq/L
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HOSPITAL COURSE:

Patient admitted to internal medicine service. Aggressive intravenous fluid resuscitation initiated (Normal Saline). Lisinopril held temporarily. Electrolytes and renal function monitored closely. Patient's gastroenteritis symptoms resolved within 24 hours. Kidney function showed progressive improvement. Cardiology consultation obtained to review medication given AKI, recommended resuming Lisinopril at a lower dose after discharge.

DISCHARGE DIAGNOSIS:

1. Acute Kidney Injury, likely pre-renal, secondary to severe dehydration in the setting of gastroenteritis and concurrent ACE inhibitor use.
2. Dehydration.
3. Gastroenteritis (resolved).

DISCHARGE MEDICATIONS:

- Lisinopril 5mg daily (restart)
- Mesalamine 2.4g BID (continue)
- Multivitamin daily

DISCHARGE INSTRUCTIONS:

1. Strict adherence to oral fluid intake; avoid dehydration, especially during illness or warm weather.
2. Monitor urine output and symptoms of recurring gastroenteritis or kidney issues.
3. Avoid NSAIDs (ibuprofen, naproxen).
4. Follow up with PCP (Dr. Evelyn Reed) in 1 week for repeat labs (BMP, Creatinine, Electrolytes) and blood pressure check.
5. Follow up with Gastroenterology (Dr. Samuel Chen) as scheduled.

Physician Signature:

Dr. Laura Miller, MD (Hospitalist)

November 8, 2014