
Pharmacotherapy for Hepatobiliary Disorders

Review of Case Study:

Patient HL comes into the clinic with the following symptoms of nausea, vomiting, and diarrhea and has a history of drug abuse and possible Hepatitis C. HL is currently on the following prescription drugs:

- Synthroid 100 mcg daily for hypothyroidism
- Nifedipine 30 mg daily for hypertension
- Prednisone 10 mg daily for immune suppressant

History of Present Illness

Patient presents with symptoms of diarrhea, nausea and vomiting. From his current medications list, patient HL. As stated above, he's taking Synthroid 100 mg daily for the treatment of hypothyroidism, Nifedipine 30mg daily for high blood pressure or any form of angina, and prednisone 10mg daily for anti-inflammation or immune suppressant for multiple diseases.(Drugs.com, 2015). Patient also has a history of drug abuse as well as possible Hepatitis C.

Primary Diagnosis

Although a comprehensive history and physical examination, diagnostic workup is needed to come up with a primary diagnostic, based on the presenting symptoms; I **will give a primary diagnosis of acute gastroenteritis**. With gastroenteritis, your stomach and intestines are irritated and inflamed. The cause is typically a viral or bacterial irritation/inflammation of the stomach and intestines caused by food contaminated with bacteria, viruses, parasites, or toxins. Symptoms may include cramping, nausea, vomiting, or diarrhea. The illness usually spreads easily from contact with a sick person or eating or drinking contaminated food or beverages also will spread the illness. The symptoms usually appear days after contamination and last one to three days. (WebMD, 2015). Since this patient is presenting nausea, vomiting and diarrhea and no fever, I will conclude with acute bacterial gastroenteritis. (WebMD, 2015).

Differential Diagnosis.

Based on the patient's history of drug abuse which could be IV drug use and presenting symptoms, I will come up with a differential

diagnosis of acute hepatitis C flare up. Hepatitis C is a serious liver infection caused by the hepatitis C virus that usually result from infected person-to-person contact of blood and bodily fluids, sexual intercourse or sharing of needles associated with illicit drug/substance use which could be acute or chronic., vague abdominal pain, and sometimes diarrhea. Diarrhea develops during acute hepatitis C. Although this initial phase of infection generally causes no symptoms at all, approximately 20 to 30 percent of people notice symptoms about 1 to 3 months after contracting the virus (Centers for Disease Control and Prevention, 2016).

Drug Therapy and Treatment Plan

The primary goal of therapy is reducing the symptoms and the prevention of complications (Arcangelo & Peterson, 2017). Because the patient is presenting with nausea and vomiting, and diarrhea, I will start with intravenous fluid hydration either with 0.9% normal saline to hydrate fluid lost from vomiting and diarrhea and also prevent further dehydration (Arcangelo & Peterson, 2017). CBC with differential will be obtained to find out what type of bacterial and a with CMP(Complete Metabolic Panel) to find out which electrolyte needs to be replaced. If the results come back and

the potassium is low, I will change the fluid from 0.9 NS and add potassium to the IV fluid. I will also order Phenergan and Zofran to be given IVP as needed for nausea and vomiting every 6 hours. Imodium is a first line drug to treat diarrhea, and it can be purchased over-the-counter (Arcangelo & Peterson, 2017). Once the nausea subsides I will then encourage the patient to drink clear liquids and broth to help replace fluids and electrolytes lost. Since the patient is also having diarrhea, I will order for a stool specimen to find out if the patient is having CDIFF or if the gastroenteritis is viral or bacterial. If the results indicate viral, I will continue with IV fluid and encourage bowel rest by placing the patient on NPO (No food by mouth) for a day or two and depending on the severity, I can start the patient on Flagyl which is an anti-infective agent. On the other hand, if it is a bacterial infection, I will continue with IV fluid and an antibiotic like a broad spectrum antibiotic like Ciprofloxacin. In addition, I will do a complete thyroid panel test to adjust patient's Synthroid, do a liver and hepatitis test to start patient on treatment for hepatitis C, I will find out why patient is on prednisone, the duration and see if it needs to be tapered.

References

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