DISCHARGE SUMMARY

Facility: Riverside Medical Center MRN: #4281567 Patient: [REDACTED] DOB: 03/14/1981 Sex: F

Date Admitted: 04/20/2025 Date Discharged: 04/22/2025 Attending: Julian Ortega, MD Service: Internal Medicine

Admission Diagnoses

- 1. Acute pyelonephritis, right kidney (ICD-10 N10)
- 2. Stage 1 acute kidney injury, multifactorial (ICD-10 N17.9)
- 3. Systemic inflammatory response syndrome (SIRS) secondary to bacterial infection

Pertinent Hospital Course

- Presented to ED with right flank pain, dysuria, nausea, and Tmax 38.9 C.
- Labs: WBC 16.2 x 10³/uL (neutrophils 84%), Cr 1.7 mg/dL (baseline 0.9), eGFR 54 mL/min/1.73 m2.
- UA: large leukocyte esterase, positive nitrites, >100 WBC/hpf; urine culture and blood culture grew Escheri
- Imaging: CT abdomen/pelvis w/o contrast showed right renal perinephric stranding, no abscess.
- Received IV ceftriaxone 1 g q24h x 2 doses, then stepped down to oral therapy after afebrile > 24 h.
- Renal function improved (Cr -> 1.0 mg/dL). Pain controlled on prn acetaminophen. No procedural intervent

Condition at Discharge

- Afebrile, hemodynamically stable, pain 1/10 on VAS.
- Tolerating regular diet; ambulating independently.
- Foley-free; voiding adequately. Wound care not applicable.

Discharge Medications

- 1. Cephalexin 500 mg PO g6h x 7 days complete full course.
- 2. Acetaminophen 650 mg PO q6h prn pain/fever (max 3 g/24 h).
- 3. Lidocaine 4% topical patch prn flank discomfort, max 12 h on/12 h off.

Follow-Up & Recommendations

- Primary-care visit in 7 days for repeat CMP, Cr, and UA.
- Urology referral arranged (Dr Singh, 05/08/25 @ 10:00).
- Return to ED for fever > 38 C, worsening flank pain, hematuria, anuria, syncope, or persistent vomiting.
- Encourage hydration >= 2 L/day; avoid nephrotoxic NSAIDs until follow-up.

Prognosis

Good, contingent upon medication adherence and follow-up compliance.

OUTPATIENT PRESCRIPTION

Date: 04/22/2025 DEA#: BO1234567
Patient: [REDACTED] DOB: 03/14/1981

Rx: Ciprofloxacin 500 mg tablets

Sig: Take ONE tablet by mouth twice daily (q12h) for SEVEN days

Dispense: #14 (fourteen) Refills: ZERO

Indication: Urinary tract infection Substitution: [] Allowed [X] DAW

Prescriber: Julian Ortega, MD NPI: 1063552189

Electronically signed and transmitted; no pharmacist call-back required unless substitution issues arise.