Patient 5– Hospital Information Week 4			
Setting	Inpatient Renal Unit		
Scenario	Patient was admitted yesterday for treatment of acute kidney injury related to use of NSAIDs, lisinopril, diuretic & caffeine.		
Patient Information	**Name: Huan Lee** **DOB: 4/22/1967** **Race**: Asian **Room #: 333** **Gender: Male** **Age: 55** **Patient ID #:** 387022 **Allergies**: sulfa		
CC	Nausea/vomiting and fatigue		
HPI	Patient presented to the ED yesterday with a 2 day history of nausea/vomiting and fatigue. He thought it might be a stomach bug but when it didn't go away, he came to the hospital to be evaluated. He notes that he has been urinating less frequently over the past few weeks and has not urinated much at all over the past couple of days.		
Family History	Mother- has arthritis, still alive at age 80 Father- has heart disease, still alive at age 86	**PMH**	Arthritis, HTN
Social History	• Department store manager • Married with 2 grown children • Used to smoke 1-2 ppd but quit 10 yr ago • Drinks coffee all day at work • Drinks 1-2 cocktails or beers most nights • Denies use of illegal drugs (tried marijuana as a teenager)	**Vaccine History**	Usual childhood vaccines Tetanus 2 years ago Shingles this year Flu annually COVID fully vaccinated and boosted
Physical Exam	• HEENT: PERRLA, EOMI. Patient wears glasses. • Neck: supple, no JVD or HJR • Lungs: CTA • Heart: tachycardia with regular rhythm • Abdomen: soft, nontender, +BS • Extremities: 2+ edema • Neurological: A&O x3 Cranial nerves II-XII are grossly intact		
VS	BP: 98/50 HR: 88 RR: 26 T: 98.6 F O2 sat 98% Wt: 78 kg HT: 5'9"		
Labs	Na: 148 mEq/L K: 5.2 mEq/L Cl: 105 mEq/L CO2: 24 mEq/L	BUN: 49 mg/dL SCr: 3.4 mg/dL Glu: 108 mg/dL	Hgb: 9.2 g/dL Hct: 28%	RBC 3,900/µL WBC: 6,500/µL Plt: 289,000/µL

Hospital orders written						
Medication	**Dose**	**Route**	**Frequency**	**Scheduled time**	**Last administered**	**Notes**
NS	100 ml/hr	IV	Continuous infusion		0500 9/xx/2022 (today)	
Furosemide	40 mg	IV	BID (diuretic)	0900/1300	0900 9/xx/2022 (today)	
Dopamine	2 mcg/kg/min	IV	Continuous infusion		0800 9/xx/2022 (today)	For renal perfusion
Acetaminophen	650 mg	PO	Q4h prn pain		0600 9/xx/2022 (today)	For mild pain (1-5)
Tramadol	50 mg	IV	Q4h prn pain		0800 9/xx/2022 (today)	for pain level >5 adjust for renal dysfunction
Ondansetron	4 mg	IV	Q4h prn nausea		0700 9/xx/2022 (today)	
Famotidine	20 mg	IV	BID	0700/1700	0700 9/xx/2022 (today)	Adjust for renal dysfunction

Home Medication List: Verified by pharmacy on admit	
Medication:	**Allergies:**
Celecoxib 100 mg PO BID for arthritis x 15 years	Penicillin--rash
Acetaminophen 1000 mg PO q6h prn arthritis—uses a few times a day x several years	No sulfa allergy—his father has this but he doesn't
Lisinopril 20 mg PO daily for HTN x 5 years	
Hydrochlorothiazide 25 mg PO daily—started one month ago for HTN	
Ginseng (unknown dose) 2 capsules twice a day for general health and energy for many years	
Tums 500 mg 1-2 tablets PO at bedtime prn heartburn—uses occasionally	

Jayhawk Medical Center
Medication Discharge Plan/Prescriptions

Patient Name: Discharge Date:
Primary Diagnosis: Allergies: penicillin--rash
Community Pharmacy:

Hospital Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
NS	100 ml/hr	Continuous infusion			X	
Furosemide	40 mg IV BID	Change to PO		X		X
Dopamine	2 mcg/kg/min	Continuous infusion			X	
Acetaminophen	650 mg PO q4h prn	For pain—change to scheduled dose since DC'd other pain med (keep dose <3000 mg)		X		
Tramadol	50 mg IV q6h prn pain	Adjusted for renal function			X	
Ondansetron	4 mg IV q4h prn	For nausea—change to ODT		X		X
Famotidine	10 mg IV BID	Adjusted for renal function			X	

Previous Home Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Celecoxib	100 mg PO BID				X	
Acetaminophen	1000 mg PO q6h prn	For arthritis, change dose as above		X		
Lisinopril	20 mg PO daily	Discuss lifestyle modifications (decreased caffeine, increased exercise). Change to other BP med if still needed w/ furosemide.			X	
Hydrochlorothiazide	25 mg PO daily	Changed to furosemide			X	
Ginseng	2 capsules BID		X			
Tums	1-2 tablets PO HS prn	For heartburn	X			

Pharmacy Medication Reconciliation Form

Patient Name: Huan Lee **Date of Birth: 4/22/1967** **Room #: 333**	**Allergies:** penicillin-rash (father had sulfa allergy, not Huan)	**Immunization History:** *Tetanus 2 yr ago* *Shingles this year* *Flu last fall* *COVID—fully vaxed & boosted*
Community Rx Info: any **Prescription Insurance: any**	**Social History: department store manager, married with 2 grown children, used to smoke 1-2 ppd but quit 10 yr ago, drinks coffee all day, 1-2 alcoholic drinks/night, no illegal drugs**	

Complete Medication History Prior to Admission (write legibly)								Med Reconciliation	
Medication Name	**Strength**	**Route**	**Freq**	**PRN?**	**Last Dose (date/time)**	**Adverse Effects**	**Adherence**	**Action**	***Reason for discontinue, hold, modify**
Celecoxib	*100 mg*	*PO*	*BID*		*9/XX/20XX (today) 8 am*	*none*	*Never misses*	D	Patient has kidney damage—avoid NSAIDs
Acetaminophen	*1000 mg*	*PO*	*Q6h prn arthritis*	✠	*9/XX/20XX (today) 8 am*	*none*	*As needed*	M	Ordered in the hospital at a different dose
Lisinopril	*20 mg*	*PO*	*Daily*		*9/XX/20XX (today) 8 am*	*none*	*Never misses*	D	Patient has kidney damage—change to other BP med if needed (BP low today)
HCTZ	*25 mg*	*PO*	*Daily*		*9/XX/20XX (today) 8 am*	*none*	*Never misses*	D	Furosemide started in hospital
Ginseng	*2 caps*	*PO*	*BID*		*9/XX/20XX (today) 8 am*	*none*	*Never misses*	H	Supplement, not medically necessary
Tums	*500 mg, 1-2 tablets*	*PO*	*HS prn heartburn*	✠	*9/XX/20XX (yesterday) 10 pm*	*none*	*As needed*	H	Starting famotidine in hospital

Additional Notes:	Action Key - **C:** Continue **D:** Discontinue* **H:** Hold* **M:** Modify* (*provide reason)
Med History obtained by (sign and print name):	**Date:**

Medication Reconciliation – (Finalized Medication List = Hospital Orders)

Patient Name: Huan Lee **DOB**: 4/22/1967 **Room**: 333

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	NS	100 ml/hr	IV	Continuous infusion	
2.	Furosemide	40 mg	IV	BID (diuretic)	
3.	Dopamine	2 mcg/kg/ min	IV	Continuous infusion	For renal perfusion
4.	Acetaminophen	650 mg	PO	Q4h prn pain	For mild pain (1-5), max 3000 mg/24 hr
5.	Tramadol	50 mg	IV	Q4h prn pain	For pain level>5—dose changed to 50 mg q6h prn pain due to renal dysfunction
6.	Ondansetron	4 mg	IV	Q4h prn nausea	
7.	Famotidine	20 mg	IV	BID	Dose changed to 10 mg BID or 20 mg q24h due to renal dysfunction
8.					
9.					

****Must be written legibly for grading****

iSBARR Form

i	Introduction (name/title/unit)	Hello, my name is ……and I am the pharmacist working on this unit today.
S	Situation	I am concerned that Huan Lee's home meds are contributing to his renal dysfunction.
B	Background	He was admitted yesterday with a 2 day history of N/V and fatigue, with decreased urination. He has been taking celecoxib for arthritis and lisinopril & hydrochlorothiazide for hypertension.
A	Assessment	The lisinopril, HCTZ, and celecoxib could be acting together to cause or worsen his renal dysfunction.
R	Recommendation	I recommend that we discontinue his home medications of celecoxib, lisinopril, and hydrochlorothiazide.
R	Repeat	OK, I will discontinue the celecoxib, lisinopril, and hydrochlorothiazide and educate the patient not to take those or OTC NSAIDs. Thank you!

Jayhawk Medical Center Medication List and Instructions

Patient Name: Huan Lee		
Admission Date: 9/XX/20XX	**Discharge Date: 9/XX/20XX**	**Service: renal**
Principal Diagnosis This Admission: acute renal injury		
Secondary Diagnosis:		
Allergies (reactions): Penicillin--rash		

Medications added this visit: (begin taking these)
Furosemide
Medications changed this visit: (modify what you previously were taking)
Change acetaminophen to 325 mg, 2 tablets by mouth four times a day to replace other scheduled pain medicine and keep dose under 3000 mg/24 hr.
Medications discontinued this visit: (stop taking these)
Celecoxib, lisinopril, and hydrochlorothiazide

FINAL DISCHARGE MEDICATION LIST					
MEDICATION/ROUTE/DOSAGE/FREQUENCY/DURATION	*Comments*	**Morning**	**Afternoon**	**Evening**	**Bedtime**
Furosemide 40 mg—Take 1 tablet by mouth twice a day	Causes you to need to pee so take 1st thing in the morning and at noon or early afternoon	X	X		
Acetaminophen 325 mg—take 2 tablets by mouth four times a day		X	X	X	X
Ginseng--take 2 capsules by mouth twice a day		X		X	
As needed medications					
Ondansetron 4 mg ODT (oral disintegrating tablet)--dissolve one tablet on tongue up to every 4 hours if needed	For nausea or vomiting				
Tums 500 mg-take 1-2 tablets by mouth at bedtime if needed	For heartburn				