IAT #2 Referral Note Scenarios

Clara has had diabetes since 2001 and hypertension since 2013. Recently, she had been troubled by swelling in her legs. She made an appointment with her doctor, John Thorough in December of 2015. He noted that her creatinine levels have increased markedly over the years and decides to refer her to Dr. Amy Trabor - a local nephrologist.

Header Data

- Patient: Clara
- Referring Physician
 - Dr. John Thorough
 - Address: 9845 W Bell Rd, Summerville, SC 29483
 - Phone: (843) 555-2234
- Receiving Physician
 - Dr. Amy Trabor
- Referral Date: December 28, 2015

Sections

Allergies and Intolerances

- Penicillin (rash) since May 5, 1995
- Ramipril (cough) since December 12, 2014

Assessment and Plan

From a renal perspective, over the last 3 years her Cr has progressively increased from 80 to 175 umol/L with a current eGFR of 32 mL/min. Her most recent protein:Cr is elevated at 201 mg/ mmol. She has noted worsening peripheral edema and despite my best efforts, her glycemic control remains suboptimal. Lastly, her renal ultrasound reveals bilateral renal atrophy with the absence of any hydronephrosis.

Medications

- December 28, 2015: Candesartan 8mg po daily
- December 28, 2015: ECASA 81mg po daily
- December 28, 2015: Rosuvastatin 10mg po daily
- December 28, 2015: Furosemide 40mg po daily
- December 28, 2015: Metformin 1000 mg po bid

Problem

- Type 2 Diabetes diagnosed in 2001. + for both retinopathy and neuropathy. Hgba1c from this month 9.6%.
- Gout
- Hypertension diagnosed in 2008. Most recent ambulatory BP 140/90 mmHg
- Dyslipidemia diagnosed in 2013
- Coronary Artery Disease diagnosed in 2015. MI/ PTCA 2012
- Stress incontinence diagnosed in 2015.

Reason for Referral

Assessment of chronic renal insufficiency

Immunizations

She received a flu shot in the fall

November 9, 2015 - Influenza

Procedures

The patient's recent renal ultrasound reveals bilateral renal atrophy with the absence of any hydronephrosis

• December 18, 2015 - Renal ultrasound on right kidney

Results

Her Cr has progressively increased from 80 to 175 umol/L with a current eGFR of 32 mL/min. Her most recent protein: Cr is elevated at 201 mg/ mmol.

- December 15, 2015 Cr is elevated at 201 mg/ mmol
- October 20, 2014 Cr of 175 umol/L
- November 18, 2013 Cr is normal at 80 umol/L
- December 15, 2015 eGFR of 32 mL/min

Social History

The patient smoked when she was teenager, but has not smoked in over 30 years.

Vital Signs

- December 15, 2015 blood pressure of 140/90 mmHg
- December 15, 2015 height of 5'4"
 December 15, 2015 weight of 160 lbs