Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13202

6 - MD NOTES

[redacted]

PROGRESS RECORD

[redacted] [redacted]

DATE

11-17-98 cc. "Abd pain"

HPI This is a 22yo W ♀ s̄ significant PMHx. who was seen by PCP. 1½ wk ago c/o Abd pain, pain was mostly crampy over the RUQ, patient denied fever, N, V, D, C by that time; she had Blood test done that showed ↑↑ BUN/Creatinine, and Abd U/S was (N) c̄ ↑ ESR (75), associated pt. was c/o constipation for the past week and yesterday had 5 episodes of liquid, greenish-dark stool, pt stated that she had similar episode 2½ yr ago but she found to be pregnant and the paint didn't repeat until 7mt post-delivery.

PMHx. All NKDA.

G2 P1 A1. Meds/

Phansafe.

Propacet.

OCP.

Ibuprofen 2 ⅌ last wk.

Advil. 4 ⅌⅌ last week.

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86075

DATE

Social.	Family.
⊕ Tobacco.	M ↑ 50 healthy.
1 PPD for five yrs.	F ↑ 47 healthy.
⊕ ETOH. occ.	GF + GM ⊕ D. ⊕ CAD.
Q O week.	⊖ HTN.
Lives c̄ hudsband.	GM ⊕ Ovarian Ca.
Married. 2 mt ago.	Daughter 2y – epilepsy.
	GM – Abortion.

ROS. BM. QD (N). Urine. ↑ amount.
↑ fluid intake. No wt Δ. ⊖ Sore Throat
⊖ Skin infections

PE NAD, overwt, W ♀.
VS BP 114/80 T° 98.4 HR 80 R 16.
HEENT mucosa moist, pink PERRLA,
EOMI
Neck supple ⊖ JVD, bruits –
Lungs CTA.
Heart RRR ⊖ M/G/R.
Abd ⊕ BS c̄ RUQ tenderness,
? ⊕ murphy, voluntary guarding
Ext ⊕ pulses ⊖ Edema.
Skin ⊖ C, C, J ⊖ rashes.
Neuro, C, A, O x 3 ⊖ focalization.
CN 2 → 12 (N), Motor 5/5.
Labs.
UA – pH 5, Leuk ⊖, N ⊖, uro (N), prot 100 +++
blood ⊖, SpG 1010. K ⊖, B ⊖, G ⊖.

→ CONT.

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[redacted]

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→ CONT.

[redacted]

DATE 11-17-98

14.1 > 13.9 < [redacted]
40.5 87. ESR 75.

142. | 108. | 45 (
5.1 | 20 | 4.9 14.

AST - 15 ALT 10.

A/P This is a young ♀ c̄ most likely ARF of unknown etiology, c̄ unconclusive UA, and (N) Renal U/S, that can have acute cholecystitis now.

- Admit to [redacted]
- ✓ Gallbladder U/S R/O cholecystectomy.
- Re✓ UA.
- ✓ All Labs.
- ✓ stool WBC + Ova - Parasites.
- Nephro consult.
- ✓ peripheral smear for schistocytes R/O HUS.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

DATE 11/17/98 5:30 pm

Nephrology Service

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BNC = 146 at same time

URINALYSIS DATE: 11/17/98
NEPHROLOGY/HYPERTENSION SECTION
Color: Appear:
S.G.: 1004 pH: ~~1004~~ 5
Gluco: ⊖ Nitrite: ⊖
Occult blood: 1+
Protein: dip: ⊖ SSA: ⊖
Glucose: ⊖ Acetone: ⊖
⊖

After a dose of nasal vasopressin

11/18/98 MED STAFF

7800 PT STILL w/ @ FLANK PAIN THIS AM

AFEBRILE, VSS

AOX3, NAD

LUNGS CTA

HT & RR ⊖ m/n/6

ABD SOFT, MILD @ LQ TENDERNESS w/ BS ⊖ REBOUND/GUARDING

EXTS ⊖ C/C/E

A/P: 22 YR ♀ w/ ACUTE RENAL FAILURE

- APPRECIATE NEPHRO ASSISTANCE
- PROB 2° TO OTC MEDS
- NEW w/ NEPHROGENIC DI
- ✓ CREAT THIS AM
- w/ ↓ ING, OK TO D/C HOME
- WILL F/U IN/WK.

[redacted]

[redacted]

[redacted]

PROGRESS RECORD

[redacted]

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DATE	
11/18/98 11Am	Case mgt — met c̄ pt as pt had no insurance info. Stated her husband works, but is out of work for now to care for 2 yrs old baby who has epilepsy. Informed pt that financial office will assist and referral made to [redacted] financial counselor. pt stated [redacted] has been following the baby at home for medical care. Please contact case mgt if other needs arose. pt is aware of case mgt service as informed by this writer. [redacted]
11/18/98 12N	Nephrology Feels well today Clest c̄ Cov. c̄ BP: 130/88 142 | 5.3 | 32 Uosm = 250 106 | 22 | 3.8 ↓ ARF Improving c̄ NDI. Almost certainly 2° to something in "PhenSafe". Discussed c̄ Dr. [redacted] He will follow. If creatinine doesn't return to normal or if NDI persists, I will then see her as outpatient. I advised at to take nothing at all except Triphasil + occasional tx level. [redacted]

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DATE 2 PM	
11-18-98	Nutrition
O	22 y.o ♀ adm c̄ ARF prob. 2° diet supplement (Phen. Safe)
	Diet 2gm Na 2gm K+ 1gm PO4
	Labs PO4 pending (5.6 yesterday) K 5.3 BUN 32 creat 3.8
	Instructed pt on above diet for d/c discussed rationale
	for restrictions. Gave written material on diet
A	verbalizes understanding of diet restrictions
P	RD # given should questions arise
	[redacted]

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