# Patient MR #\_\_\_\_

69 year old female patient is being reviewed for current peripheral edema and weakness. According to the SN, patient was agitated, anxious and irritable. Patient reports to be anxious about her upcoming fistula surgery. She experiences moderate pain that interferes with daily functioning. She is also fatigued/weak, intolerant to activities presented by limited mobility, poor balance and unsteady gait. Patient is at high risk for falls and has a walker, shower chair, hospital bed and lockbox. Patient is also experiencing severe asthma exacerbations.

# Past medical history:

Congestive heart failure

Acute kidney failure with tubular necrosis and hemodialysis dependent

COPD

Severe persistent asthma with exacerbations

Coronary artery disease

Depression

Hyperthyroid

**GERD** 

Muscle weakness

Type 2 Diabetes Mellitus

#### Issue:

Patient is on furosemide 80 mg three times daily but still experiences peripheral edema

#### Recommendation:

Since the patient is producing urine, switch to torsemide 40 mg orally twice daily. Torsemide has a longer duration of action of 12-16 hours (bioavailability of 80 %) while furosemide has duration of action of 6-8 hours (bioavailability 47-64%). No dialysis dose adjustment is required for this medication. However, torsemide interacts with warfarin and leads to increased INR.

Due to the interaction with torsemide, especially given their last INR reading of 3.3 being already supra therapeutic on xx/xx/xxxx, I recommend reducing the warfarin dose by 50 % for 1 week then readjust the dose when we have the new INR. It is important to keep in mind that torsemide may impact warfarin and cause and INR shift.

Torsemide is covered by MassHealth \* SmartPA: Claims will usually process at the pharmacy without a PA request if the member has paid MassHealth pharmacy claims for furosemide, bumetanide or torsemide.†

### **Monitoring Parameters:**

Renal function and volume status

Serum electrolytes (Na, K, Ca, Mg) and blood glucose

# Issue:

Patient is on ranitidine and pantoprazole

## **Recommendation:**

Discontinue ranitidine as this is unnecessary therapy

### Issue:

Patient is still not achieving pain control due to diabetic neuropathy. She is currently on gabapentin 100 mg once daily

### **Recommendation:**

Increase gabapentin to 200 mg by mouth once daily and reassess pain level

| Name of Medication                       | Indication  | Notes   |
|--|---|---|
| Coumadin                                 | Prophylaxis and treatment of thromboembolic disorders | Take 1 tablet (2 mg) on Friday in the evening. Take 1 tablet (3mg) on other days Saturday, Sunday, Monday, Tuesday, Wednesday, Thursday and recheck INR 8/23/2018 |
| Voltaren 1% gel                          | Osteoarthritis pain                                   | Apply one dab topically to affected area  |
| Advair Diskus inhalation powder          | Asthma  | Inhale one puff by mouth twice daily  |
| Aspirin                                  | Prevention of MI                                      | Take 1 tablet (81 mg) by mouth once daily   |
| Furosemide                               | Edema   | Take 1 tablet (81 mg) by mouth three times daily  |
| Gabapentin                               | Neuropathic pain                                      | Take 1 tablet (100 mg) by mouth once daily  |
| Sertraline                               | Depression  | Take 1 tablet (100 mg) by mouth at bedtime once daily   |
| Colace                                   | Stool softener  | Take 1 capsule (100 mg) by mouth twice daily  |
| Montelukast                              | Allergic rhinitis/asthma                              | Take 1 tablet (10 mg) by mouth once daily at bedtime  |
| Rosuvastatin                             | High cholesterol                                      | Take 1 tablet (40mg) by mouth at bedtime once daily   |
| Pantoprazole                             | Acid Reflux/Heart Burn                                | Take 1 tablet (40 mg) by mouth once daily   |
| Ranitidine                               | Acid Reflux/Heart Burn                                | Take one tablet (150 mg) by mouth twice daily   |
| Albuterol solution                       | Asthma  | One vial every 4 hours as needed for shortness of breath/wheezing   |
| Senna                                    | Constipation  | Take 1 tablet (8.6 mg) by mouth twice daily as needed for constipation  |
| Tramadol                                 | Pain  | Take 1 tablet by mouth every 6 hours as needed for pain   |
| Oxybutynin                               | Bladder incontinence                                  | Take 1 tablet (5mg) by mouth once daily   |
| Metoprolol Succinate ER                  | Congestive heart failure                              | Take 1 tablet (25 mg) by mouth once daily at bedtime * Patient started this medication on 06/04/2018.   |
| NephroCaps                               | Kidney supplement                                     | Take 1 tablet by mouth once daily   |
| Trazadone                                | insomnia  | Take 1 tablet (50 mg) by mouth once daily at bedtime  |
| Loratadine                               | Allergies   | Take 1 tablet (10 mg) by mouth once daily   |
| Lidocaine 2% mucous membrane<br>Solution | Numbing agent   | 15 mL orally as needed at bedtime for oral pain   |
| Oxygen                                   | COPD  | 2-3 L continuous via NC inhalation  |
| VITAMIN B12 1000 MCG ORAL TABLET         | Supplement  | Take 1 tablet by mouth once daily   |
| VITAMIN D3 1000 INTL UNITS ORAL TABLET   | Supplement  | Take 1 tablet by mouth once daily   |