

12.7 Electronic Health Records

Discharge Summary

Patient: Susan Nesbit
Date of Admission: 7/7/2015
Date of Discharge: 7/17/2015

Admission Diagnosis

1. **Dysuria**
2. Fever

Discharge Diagnosis

1. **Pyelonephritis**
2. **Perinephric Abscess**

Discharge Condition: Stable

Consultations

Nephrology

Urology

Procedures

1. U/S guided percutaneous **renal** needle aspiration with drain placement.

Labs

Admission labs: UA: **Pyuria:** >20 wbc; **Hematuria:** 3+ blood; **Albuminuria:** 1+ protein.

Urine culture: *E. coli*.

Blood culture: *E. coli*.

Discharge labs: UA normal. Urine culture normal.

Imaging

VCUG: No **vesicoureteral reflux** noted.

RUS: No **hydronephrosis** noted. Normal.

Spiral CT of kidneys on day 3 of admission revealed perinephric abscess formation of the left kidney.

HPI

Miss Susan Nesbit is a 12-year-old female who first visited her primary care provider for **dysuria**. A UA was ordered, but the patient could not urinate in the office. She took the UA cup home, but did not return with the sample. The next day, Susan's dysuria worsened, and she developed a fever of 102.3°F, as well as vomiting and **hematuria**, so she returned to the clinic. A urinalysis performed in the office revealed significant **pyuria**, **hematuria**, and **albuminuria**. Since Susan was not able to keep any fluids down, her primary care provider sent her to the emergency department for evaluation for admission.



Discharge Summary *continued*

Hospital Course

On arrival to the ED, Susan was alert and oriented, but she looked a little pale and tired. She was treated with IVF for dehydration and given antipyretics for her fever. Within an hour, she had improved some, but given her inability to tolerate PO, the pediatric on-call physician recommended that she be admitted. She was admitted for a UTI and treated with IV antibiotics, and a urine culture was sent. On hospital day 2, her fever had improved, and she was looking better overall. Unfortunately, on hospital day 3, Susan's fever returned, and she looked acutely ill.

A spiral CT of Susan's abdomen and pelvis showed a developing perinephric abscess. Both nephrology and urology were consulted at that time, and they both agreed that the best treatment option would be needle aspiration with drain placement. She was taken to the OR, and the drain was placed. Fluid collection from the abscess was sent for culture.

Susan tolerated the procedure well and was admitted to the PICU. She continued IV antibiotics through her PICU course. After 5 days with the drain, the discharge had decreased significantly, so we repeated a spiral CT to confirm clearing of the abscess. The CT was normal, so the drain was removed and Susan was transferred to the regular pediatric wing. A renal ultrasound was also normal, as was a vesicocystourethrogram. Susan switched to oral antibiotics and was discharged home.

Discharge Physical Examination

VS

Temp: 98.6; RR: 24; HR: 86; BP: 100/64.

General: WDN. Alert.

HEENT: PERRLA, TMs normal. Mucous membranes moist and pink.

CV: RRR.

RESP: CTA.

Abdomen: Soft, nondistended, no CVA tenderness. No suprapubic tenderness.

Skin: Warm, pink.

Activity: No restrictions.

Diet: No restrictions.

Meds: Antibiotics.

Follow-Up Appointments

Primary care provider: 1 week

Urology: 2 weeks

Nephrology: 1 month

—Dictated by Jennifer Wong, DO