7/13/26 Mainstream Monday with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Nicole (@)* ***Case Discussants****: Maddy (@MadellenaC) & Gillian (@)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Glen)

CC:85/F with a day history of persistent N/V and diarrhea

HPI: Altered mental status, dysuria and diffuse back discomfort. Unknown fever. Baseline normal mental status. Eating less past week

ROS:

PMH: RCC,
CKD, GOUT, GERD
Non insulin dependent DM

PCP Meds:
Lisinopril,
Lasix
Atenolol
Metformin
Famotidine
Aspirin
Allopurinol

Neph meds:
allopurinol
Aspirine
Lisinopril 10, atenolol

No metformin and lasix, but the pt continued

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies: none

Vitals: T: 36.2 **HR**: 78 **BP**: 132/65 **RR**:18 **Sat**: 98% **BMI**:
Exam: Gen: Actively vomiting, AO*0
CV: nl
Pulm: clear
Abd: nl
Neuro: nl
Extremities/skin: nl

Notable Labs & Imaging:

Hematology:
WBC: 11.2 Hgb:nl Plt: MCV:

Chemistry:
Na: K: 7.6 Cl: HCO3: Cr: 12.4 BUN: 116 Glucose: Ca: Mg:
AST: ALT: Alk-P: Bili: Albumin: Total Protein:
ESR: CRP: LDH: Phos: 6.3
Cr (2 months prior): 2.0, Cr day 5 3.5
UA: Leukocyte esterase
UA day 5: large LA, WBC 34, negative nitrates

Imaging:
Echo: mild diastolic dysfunction, mild MR, EF 65%
USS: left kidney absent, right kidney hydronephrosis,

Dx: Acute UTI c/b by AKI and MALA

Problem Representation: 85/F with multiple comorbidities including CKD presenting with a day history of Altered Mental Status associated with back pain and vomiting. Labs showed severe hyperkalemia with elevated Cr. Urinalysis confirmed UTI complicated by AKI.

Teaching Points (Simmy):

- **Approaching AMS:** To know the baseline mental status. In elderly, common during infection etiology vs structural process(CT Scan). Also consider the "MIST"
- Acuity of the condition: Toxins, Ingestions(Accidental ingestion—> Important to know their home situations) + Accompanying symptoms.
- Metabolic causes(CKD) vs Infectious etiology(RCC) based on the existing conditions.
- **Prioritizing the symptoms:** Based on the severity(Active vomiting). To rule out bowel obstruction with the Abdomen CT Scan. Also consider GI vs GU.
- **Hyperkalemia** to be prioritized. IV Calcium gluconate(Stabilize the heart) , Lokelma to normalize the Potassium. With elevated creatinine, BUN, consider Acute renal failure. Would also want to know the etiology of Acute renal failure(Pre-renal vs Renal vs Postrenal)
- Consulting Nephrology to know for the possibility of hemodialysis.
- **Importance of Medication Reconciliation.**