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Diploma in Pharmacy 2nd Year
Hospital & Clinical Pharmacy
Experiment

To interpret the common laboratory reports to optimise the drug therapy in a given clinical case.

Aim:

To interpret the common laboratory reports to optimise the drug therapy in a given clinical case.

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Anshu, “Practical Manual of Hospital & Clinical Pharmacy” Published by Nirali Prakashan, Page no 8 - 12

Theory :

1) Case I

i) Subjective:

a) **Name:** Mr George T.
b) **Age:** 55 yrs
c) **Sex:** Male
d) **Unit:** MED II
e) **DOA:** 12/04/2011
f) **Reason for Admission:** post-op hernia repair, full and bounding pulses and increased crackles in his bases.post admission an treatment hanging from the IV pole is an empty bag of DSW. Blood has backed up in George's IV tubing and his IV is clotted off.
g) **Past Medical History:** Nil
h) **Past Medication History:** Nil

i) **Family History:** Nil

j) **Allergies and Social History:** Nil

ii) Objective:

a) **Height:** 5'3"

b) **Weight:** 65 Kg

c) **BP:** 152/92 mmHg

d) **PR:** 72 bpm

e) **RS:** 26/min

f) **Temperature:** 35.1°C

g) **Oxygen Saturation:** 95%

h) **Urine Output (UOP) in Foley Bag:** 800 cc

iii) Assessement:

a) George is hypervolemic. If checked a serum sodium, it would probably be low right now, due to dilutional effects of fluid overload. A serum osmolality would be high due to the over dilution of solutes in the serum.

b) Additionally, these lab values may be low due to the administration of DSW which should not be used as a volume expander Be careful when administering electrolytes, because when the excess fluid is removed, electrolytes will most likely return to normal. If you give replacements now, you run the risk of overcorrecting their deficits

iv) **Plan:** Furosemide administration and electrolyte studies are indicated.

2)Case II

i. Subjective:

a. **Name:** Tricia

b. **Age:** 34 yrs

c. **Sex:** Female

d. **Unit:** MED II
e. **DOA:** 05/03/2011
f. **Reason for Admission:** Weight has dropped by 10 lb, her fasting serum triglyceride level has fallen from 175 to 125 mg/dl, and her blood pressure has decreased to 120/72 mmHg. She also has a slower than normal glomerular filtration rate (GFR) of 68 ml/min/1.73 m^2 Although her weight has remained stable for years, she has put herself on the latest (high-protein) Atkins diet.
g. **Past Medical History:** 20-year history of type 1 diabetes
h. **Past Medication History:** Nil
i. **Family History:** Nil
j. **Allergies and Social History:** Nil

ii. Objective:

a. **Height:** 5'1"
b. **Weight:** 64 Kg
c. **BP:** 136/84 mmHg
d. **PR:** 75 bpm
e. **RS:** 28/min
f. **Temperature:** 36.1°C
g. **Oxygen Saturation:** 99%
h. **HGB A1C:** 7.0%
i. **Weight:** 65 Kg

iii. Assessement: Tricia's lab values are consistent with kidney damage. An increasing serum creatinine and a decreasing creatinine clearance. The changes may have been brought on by the high protein diet and her baseline history of type I diabetes - which predisposes Tricia to renal damage.

iv. Plan: Maintaining high protein diet and proper treatment for type I diabetes

Result :

The common laboratory reports to optimise the drug therapy in a given clinical case was interpreted.

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