MASSACHUSETTS GENERAL HOSPITAL

BIGELOW C INTERN ADMISSION NOTE

Name: **********
MR #: 1236992
Date of admission: 8/22/2005
Med student: Lorenzo Azzalini
Resident: **********, MD, PhD
Attending: **********, MD
PCP:

CC: Loss of consciousness

Source: Patient and friend (witness of the LOC)

HPI:
This is a 45 y.o. woman with a history of depression, anxiety, migraine, HTN, distant seizure in the past, head trauma, presenting with loss of consciousness (LOC). She reports that one day prior to admission she had a LOC when she was seated on the passenger seat of her friend's car, who took her to the ED. She reports that during the last days she urinated more frequently than her normal habits. The day of the LOC she drank a couple of cups of coffee and was feeling alright, but right before the episode she experienced visual changes and then loss of vision, SOB, a sensation of a strange smell and nausea. During the episode, her friend reports that the patient had some tonic-clonic movements in her extremities and her mouth was foamy. The patient did not have fecal or urinary incontinence, but did bite her lips and had headache and neck pain after the episode. She did not have head trauma during the episode, which lasted 3-5 minutes.
In ED she was tapped and given Ceftriaxone and Vancomycin for presumptive treatment, but then the CSF revealed normal TP, Glu and WBC. She stayed in the ED for 23 hours, and there she experienced fever, chills, headache and sweats. She also received Tylenol and her home medications (Alprazolam, Fluoxetine and Triamterene-Hydrochlorothiazide). Cardiac enzymes were negative.

ROS: As per HPI. Pertinent ROS: upon arrival on the floor, lack of photophobia and headache. No F/C/NS. No CP/Palps. No Orthopnea/PND/LE edema/Claudication. No SOB/cough/hemoptysis/wheezing/sore throat/rash. No hematochezia/melena. No slurring of speech, unilateral weakness. No dysuria. No exposures/ingestions/recent travel.

PMH:
1. Depression
2. Anxiety
3. Migraines
4. HTN
5. Head trauma
6. Distant seizure activity → first episode 20 years ago, after car accident. She used to take medications (Tegretol) for seizures, but stopped 4 years ago (after her child's death). She reports she was diagnosed with "grand mal".

Medications on admission:
1. Xanax (ALPRAZOLAM) 1 mg PO BID for anxiety
2. Prozac (FLUOXETINE) 40 mg PO BID for depression
3. TRIAMTERENE 37.5 mg + HYDROCHLOROTHIAZIDE 25 mg PO QPM for HTN

ALL: Dilantin (PHENYTOIN)
SH: She is not married and had two children, but one died in a car accident. Lives with her child. Unemployed. Denies alcohol and IV drugs abuse. Used to smoke 1 pack/day but quit 20 years ago.
FH: Mother died "probably from heart attack" at 65, had history of seizures. Father died from a "post-operative infection" at 60, had a history of CAD and DM.

Physical Exam:
V: T 98.6 HR 75 BP 119/80 RR 18 $SatO_2$ 97% RA
Gen: The patient appears in her stated age and in NAD.
HEENT: NC, AT, PERRL, EOMI, sclera anicteric.
Neck: Supple, no thyromegaly, no carotid bruits, JVP not appreciable
Nodes: No cervical or supraclavicular LAN
Cor: RRR S1, S2 nl. No m/r/g. No S3, S4
Chest: CTAB
Abdomen: +BS Soft, NT, ND. No HSM.
Ext: No C/C/E
Skin: No rashes.
Neuro: A&Ox3. Cranial nerves II-XII intact. Normal reflexes. Babinski –ve. Strength 5/5 throughout. Sensation intact throughout.

Labs and Studies:

Test Description	Result	Ref. Range/Units	Date/Time	Last Flagged
Chemistry				
Lytes/Renal/Glucose				
Sodium	136	135-145 mmol/L	08/21/05 16:45	
Potassium	3.2L	3.4-4.8 mmol/L	08/21/05 16:45	3.2(L) 08/21/05 16:45
Chloride	105	100-108 mmol/L	08/21/05 16:45	
Carbon Dioxide	25.3	23.0-31.9 mmol/L	08/21/05 16:45	
BUN	17	8-25 mg/dl	08/21/05 16:45	
Creatinine	0.8	0.6-1.5 mg/dl	08/21/05 16:45	
Glucose	105	70-110 mg/dl	08/21/05 16:45	
General Chemistries				
Calcium	9.3	8.5-10.5 mg/dl	08/21/05 17:03	
Phosphorus	1.1L	2.6-4.5 mg/dl	08/21/05 17:03	1.1(L) 08/21/05 17:03
Magnesium	1.8	1.4-2.0 meq/L	08/21/05 17:03	
Bilirubin (To...	0.2	0.0-1.0 mg/dl	08/21/05 17:03	
Bilirubin (Di...	0.1	0-0.4 mg/dl	08/21/05 17:03	
Total Protein	7.5	6.0-8.3 g/dl	08/21/05 17:03	
Albumin	4.1	3.3-5.0 g/dl	08/21/05 17:03	
Globulin	3.4	2.6-4.1 g/dl	08/21/05 17:03	
Liver Function Tests				
ALT (SGPT)	34H	7-30 U/L	08/21/05 17:03	34(H) 08/21/05 17:03
AST (SGOT)	25	9-32 U/L	08/21/05 17:03	
Alk Phos	83	30-100 U/L	08/21/05 17:03	
Bilirubin (To...	0.2	0.0-1.0 mg/dl	08/21/05 17:03	
Bilirubin (Di...	0.1	0-0.4 mg/dl	08/21/05 17:03	
Cardiac Tests				
CK	46	40-150 U/L	08/22/05 03:21	
CK-MB	NEGATIVE	NEG	08/22/05 10:43	
CK-MB Index	see detail		08/22/05 03:48	
Troponin-I	NEGATIVE	NEG	08/22/05 10:43	
Troponin-T	<0.01	0.00-0.09 ng/ml	08/22/05 03:48	
Thyroid Studies				
TSH	2.40	0.50-5.00 uU/ml	04/12/96 13:14	
Endocrine Studies				
HCG (Qual)	NEGATIVE	<10 mIU/ML[NEG]	02/05/97 11:38	
HCG (IU/mL)	91809	IU/L	11/09/94 10:46	
HCG, urine	NEGATIVE	NEG	08/21/05 17:24	
CSF Chemistries				
Glucose, CSF	61	50-75 mg/dl	08/22/05 05:16	
Total Protein...	43	5-55 mg/dl	08/22/05 04:07	

Hematology

Complete Blood Count

WBC	9.7	4.5-11.0 th/cmm	08/21/05 16:57	
RBC	4.08	4.00-5.20 mil/cm	08/21/05 16:57	
Hgb	12.9	12.0-16.0 gm/dl	08/21/05 16:57	
HCT	37.9	36.0-46.0 %	08/21/05 16:57	
MCV	93	80-100 fl	08/21/05 16:57	
MCH	31.6	26.0-34.0 pg/rbc	08/21/05 16:57	
MCHC	34.1	31.0-37.0 g/dl	08/21/05 16:57	
PLT	365H	150-350 th/cumm	08/21/05 16:57	365(H) 08/21/05 16:57
RDW	14.6H	11.5-14.5 %	08/21/05 16:57	14.6(H) 08/21/05 6:57

Blood Differential %

Differential ...	RECEIVED		08/21/05 16:47	
Diff Method	Auto		08/21/05 16:57	
Total Cells C...	0		08/22/05 05:20	
Neutrophils	78H	40-70 %	08/21/05 16:57	78(H) 08/21/05 16:57
Lymphs	18L	22-44 %	08/21/05 16:57	18(L) 08/21/05 16:57
Monos	4	4-11 %	08/21/05 16:57	
Eos	0	0-8 %	08/21/05 16:57	
Basos	0	0-3 %	08/21/05 16:57	

Blood Diff - Absolute

Neutrophil #	7.62	1.8-7.7 th/cmm	08/21/05 16:57	
Lymph#	1.69	1.0-4.8 th/cmm	08/21/05 16:57	
Mono#	0.36	0.2-0.4 th/cmm	08/21/05 16:57	
Eos#	0.01L	0.1-0.3 th/cmm	08/21/05 16:57	0.01(L) 08/21/05 16:57
Baso#	0.02	0.0-0.3 th/cmm	08/21/05 16:57	

Smear Morphology

Anisocytosis	None	NORMAL	08/21/05 16:57
Hypochromia	None	NORMAL	08/21/05 16:57
Macrocytes	None		08/21/05 16:57
Microcytes	None		08/21/05 16:57

Other Hematology

ESR	7	1-20 mm/hr	04/11/96 19:53

Coagulation

Routine Coagulation

PT	12.2	11.3-13.3 sec	08/22/05 02:36	
PTT	21.2L	22.1-35.1 sec	08/22/05 02:36	21.2(L) 08/22/05 02:36

Urinalysis

Urinalysis

GLUC - UA	NEGATIVE	NEG	08/21/05 17:24
Albumin – UA	2+SAMPLE SENT TO HEME LAB FOR ADDITIONAL TESTING		
Ketones	Trace	NEG	08/21/05 17:24
Specific Gravity	1.025	1.001-1.035	08/21/05 17:24
Blood - UA	see detail		08/21/05 17:24
pH	5.0	5.0-9.0	08/21/05 17:24
Protein - UA	see detail		08/21/05 17:24
Nitrites	NEGATIVE	NEG	08/21/05 17:24
WBC Screen	Trace	NEG	08/21/05 17:24
Hyaline Cast	5-10	0-5 /lpf	08/21/05 19:37
RBC - UA	0-2	0-2 /hpf	08/21/05 19:37
WBC - UA	50-100	0-2 /hpf	08/21/05 19:37
Bacteria	Few	NEG /hpf	08/21/05 19:37
Squamous Cells	NEGATIVE	NEG /hpf	08/21/05 19:37

Cell Counts

CSF/Fluid Counts

Xanthochromia	None	NONE	08/22/05 03:59

CSF Counts and Diff

Tube #, CSF	see detail		08/22/05 03:59
Color, CSF	COLORLESS	COLRLS	08/22/05 03:59
Turbidity, CSF	Clear	CLEAR	08/22/05 03:59
Xanthochromia	None	NONE	08/22/05 03:59
RBC, CSF	None	NONE /cumm	08/22/05 03:59
MicroHCT, CSF	NOT DONE	0.0 %	08/22/05 03:59
WBC, CSF	None	0-5 /cumm	08/22/05 03:59
Neutrophils, CSF	0	0 %	08/22/05 05:20
Bands, CSF	0	0 %	08/22/05 05:20
Lymphs, CSF	0	0 %	08/22/05 05:20
Reactive Lymp...	0	%	08/22/05 05:20

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    Monos, CSF               0   0 %                08/22/05 05:20
    Eos, CSF                 0   0 %                08/22/05 05:20
    Basos, CSF               0   0 %                08/22/05 05:20
    Other Hematic...         0   0 %                08/22/05 05:20
    Non-Hematics,...         0   0 %                08/22/05 05:20
    Unidentified,...         0   0 %                08/22/05 05:20
    NRBC, CSF                0   /100 wc            08/22/05 05:20
    Comments, CSF     see detail                    08/22/05 05:20

Toxicology
  Toxicology Drugs F-N
    Fluoxetine             239   mcg/L              08/21/05 19:51
    Norfluoxetine          476   mcg/L              08/21/05 19:51
  Toxicology Additional Info
    Ethanol (Tox ...  see detail                    08/21/05 19:35
    ATS (Tox Panel)   see detail                    08/21/05 20:13
    Barbiturates ...  see detail                    08/21/05 19:40
    Benzo (Tox Pa...  see detail                    08/21/05 19:25
    Tricyclics (T...  see detail                    08/21/05 19:51
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CXR (8/21/2005): normal examination.
Micro (8/22/2005): blood cx pending.
ECG (8/21/2005): 84 BPM. NSR. Normal axis. QT borderline interval at 474ms corrected. Good R wave progression. No ST or T wave changes.

A/P: This is a 45 y.o. woman with a history of depression, anxiety, migraine, distant seizure in the past, head trauma, presenting with seizure (reported as tonic-clonic) in a context of UTI and caffeine intake. However, also migraine, benzodiazepine withdrawal and history of head trauma might be causes or co-factors.

1. Seizure:
    a. Carbamazepine 200 mg PO TID
    b. Brain CT +: assess if there are any masses or other lesions. Given Mucomyst (Acetylcysteine) 20% 600 mg PO BID x 4 doses for prophilaxis against contrast-induced ARF.
    c. Brain MRI for further imaging
    d. EEG
    e. Neurology consult
2. UTI:
    a. Bactrim DS 1 tablet x 3 days PO BID
    b. Urine culture and urinalysis to monitor treatment
3. Depression and anxiety
    a. Continue Fluoxetine and Alprazolam
4. HTN
    a. Continue Hydrochlorothiazide-Triamterene
5. Dispo
    a. To home when seizure work-up is completed
    b. Driving precautions

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