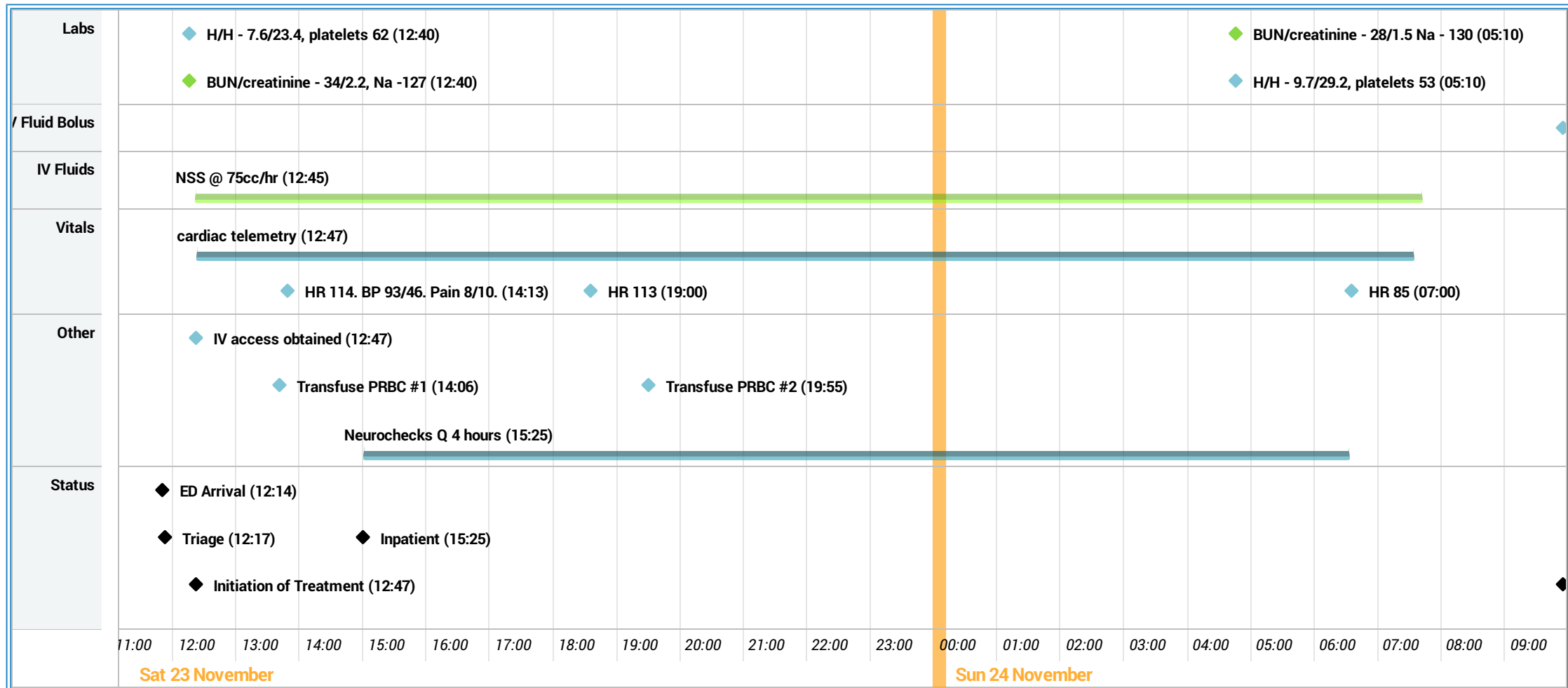


Patient Admission Summary

<p>Patient Name: A. Nemia</p> <p>Account #: 123456789</p> <p>Dates of Service: 11/23/13 12:47 - 11/24/13 10:19</p> <p>Diagnosis 1: Acute/symptomatic anemia</p> <p>Diagnosis 2: Acute kidney injury</p>	<p>Summary of Admission: 73 yo female presented to ED w/weakness, fatigue, and "being pale over the past one week." In ED, Ms. Nemia was found to have hemoglobin of 7.6. Her baseline was running around 9.8 -10. Pertinent findings on exam included looking weak, being very pale, and intermittent confusion. Pertinent labs include hemoglobin/hematocrit 7.6/23.4 BUN/creatinine 34/2.2, sodium 126, K 3.8. platelets 62. Baseline creatinine - 1.3 - 1.7. Ms. Nemia was admitted for symptomatic anemia/acute anemia, acute kidney injury, thrombocytopenia, and hyponatremia. Ms. Nemia transfused with packed red blood cells and hydrated with intravenous fluids.</p> <p>PMH: Past medical history - multiple myeloma diagnosed in 2006. Stem cell transplant 2006, chemotherapy treatments, and had been in remission. Relapsed and placed back on chemotherapy but, stopped a few weeks ago. Hx of multiple blood transfusions, last one being 3-4 weeks ago. Additionally, Ms. Nemia has hyperlipidemia, hypothyroidism, history of hypertension, and peptic ulcer disease.</p> <p>Past surgical history - open reduction interal fixation left wrist s/p fall 2010</p> <p>Social history - Ms. Nemia lives alone.</p>
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Did Care Span 2 Midnights? No, exclusion criteria: Patient got better sooner than expected

Notes:

11/23/13 1416 - ED MD documented that patient was a "full admission." Pt admitted to med-surg location (p. 23.)

11/23/13- 1530 - History and physical - Advanced aged female presented to ED with intermittent confusion, weakness, and very pale. History of falls with injury. Hematocrit 7.6. Na 126. BUN/Creatinine 34/2.2. Received 1 unit PRBC in ED. Impression - Symptomatic anemia, acute kidney injury, and hyponatremia. Pt high risk falls. Plan - transfuse second unit PRBC, IVFs, serial H/H's, CBC, BMP in am. Neurochecks Q 4 hours. Expected length of stay > 48 hours given complex needs (p. 31.)

11/24/13 - 0800 - Progress note - Pt alert and oriented. Confusion resolved. Steady gait. Repeat labs show resolution of anemia, Na improved to 130, BUN/creatinine returned to baseline 28/1.5. Daughter at bedside. Patient symptoms resolved quicker than anticipated. Discharge pt to home with daughter (p. 35.)