Identifying Data:

Full Name: ML

Address: Queens, NY
Date of Birth: 4/6/1982
Date & Time: November 7, 2022 @ 10am
Location: NYPQ, Flushing, NY
Religion: Not Identified
Source of Information: Self/EMR
Reliability: Reliable

Mode of Transport: Ambulance from home

Chief complaint: vomiting and "feeling cold" at dialysis x 2 days on 11/4/22 admitted on from ED for sepsis

HPI: 40yo Asian female with pmhx of Systematic Lupus Erythematous (SLE), ESRD on HD (MWF) with LUE AVF, left sided DCIS s/p L mastectomy (scheduled for chemo 11/12/22) admitted from ED after complaints of "fever", chills and vomiting x 2 days. Pt stated she was unable to tolerate food, vomiting several times after eating, vomitus was non-bloody and non-bilous. Pt also stated she had one episode of non-bloody diarrhea on 11/3/22. Pt completed her dialysis the day before (11/4/22) and not does take anything for her SLE. Pt became febrile to 39.7 C and tachycardic to 122 while in the ED. Sepsis protocol was activated, CXR ordered and blood cultures ordered. Pt was given LR 500cc bolus, tylenol and vancomycin and meropenem. On 11/5/22 patient started to have heavy vaginal bleeding, soaking up 4 pads within several hours. Pt states that she is not due for her period, which is regular 28 day cycle and is not heavy. This is the first time this was happened. Today patient observed in bed, pale, with chills and feeling lethargic. Pt is scheduled to go to HD today. Hemoglobin dropped from 9.4 on 11/5/22 to 8.5 on 11/6/22 to 5.8 today 11/7/22.

PMHX:

- Systematic Lupus Erythematous (SLE)
- ESRD on HD (MWF)
- Ductal Carcinoma In-Situ

PMSX:

- Left mastectomy
- LUE AVF

Medications:

- Acetaminophen 500mg, every 6 hours PRN for pain, mild pain scale 1-2, fever for temp >3C
- B-Complex-C-Zn-Folic (Nephplex), take by mouth two times a day
- Calcitriol .5mcg, take my mouth, once daily

- Labetalol 300mg, take by mouth two times a day
- Nifedipine 50mg ED, take by mouth two times a day
- Oxycodone 5mg, PRN every 8 hours for breakthrough pain
- Pantoprazole 40mg, take by mouth once times a day
- Polyethylene glycol (miralax) 17g packet, by mouth daily
- Sevelamer carbonate (Renvela) 800mg, take two tablets by mouth with each meal (three times daily)
- Dextrose 5 % and sodium chloride 0.9 % infusion, continuous, 50ml/hr
- Ondansetron, 4mg injection PRN for nausea

Allergies

- Celery

Social history:

- Lives at home alone
- Has one daughter
- Not married

Tobacco Use: Denies use ever

Smokeless tobacco: Denies use ever

Alcohol use: Denies use ever

Drug use: Denies use ever

Review of Systems

Constitutional: Admits to chills and fever. Denies any appetite change, loss of weight and fatigue

Skin, hair and nails: Denies any changes in texture, dryness, sweating, discolorations, pigmentation or pruritis

HEENT:

Head: Denies any headache, head trauma, loss of consciousness or dizziness

Eyes: Denies any change in vision, blurriness, diplopia, lacrimation, photophobia, pruritis

Ears: Denies ear pain, deafness, tinnitus, any discharge

Nose/Sinuses: Denies any nasal discharge, epistaxis, obstruction or sinus pressure

Mouth and throat: Denies any bleeding gums, sore tongue, sore throat, mouth ulcers, or voice changes

Neck: Denies localized swelling/lumps or stiffness/decreased range of motion

Pulmonary: Denies any apnea episodes, hemoptysis, cough, choking, chest tightness, shortness of breath and wheezing.

Cardiovascular: Denies chest pain, palpitations and leg swelling

Gastrointestinal: Admits to diarrhea, nausea and vomiting. Denies for abdominal distention, melena, constipation, hemorrhoids, abdominal pain, anal bleeding and blood in stool.

Endocrine: Positive for cold intolerance. Denies polyuria / polydipsia / polyphagia, excessive sweating

Genitourinary: Denies for dysuria, flank pain, pelvic pain, urgency and vaginal discharge.

Musculoskeletal: Denies arthralgias and myalgias.

Neurological: Denies tremors, seizures, loss of strength, syncope, numbness and headaches.

Hematological: Admits to anemia. Denies easy bruising, lymph node enlargement, history of DVT/PE

Psychiatric/Behavioral: Denies any psychiatric conditions or medication

Vitals:

11/07/22 0815

BP: 118/74 R arm, lying

Pulse: 114 BPM, regular

Resp: 18, unlabored **SpO2**: 100%

Temp: 37.3 °C oral (Tmax: 39.7)

Ht: 5'3**"** **Wt:** 108 (49kg) **BMI**: 19.14

Physical exam:

General: Pt not in acute distress.

Appearance: Asian female, sitting up in bed, normal weight and covering in blankets. Appears cold but not toxic-appearing

Skin: Slight pallor noted, skin is dry and warm to touch. Left mastectomy scar noted, healing well.

Hair: Average quantity and distribution.

Nails: No clubbing, capillary refill slightly delayed at 3-4 seconds in upper and lower extremities

HENT:

Head: Normocephalic, atraumatic, non tender to palpation throughout

Ears: Symmetrical and appropriate in size. No lesions/masses / trauma noted on external ears.

Nose: symmetrical, no trauma, discharge or deformities

Eyes: Symmetrical OU, no ptosis. Scelera white, cornea clear, conjunctiva pale.

Neck: Trachea midline. No masses; lesions; scars; pulsations noted

Cardiovascular: Regular rate and rhythm (RRR), +2 pulses, no murmurs appreciated. No friction rub. No gallop. Left mastectomy scar noted, healing well.

Pulmonary: Chest rise is symmetrical, no deformities, no trauma. Respirations unlabored / no paradoxical respirations or use of accessory muscles noted. Clear to auscultation and percussion bilaterally; no wheezing, rhonchi or rales.

Abdominal: Abdomen flat, symmetric and soft with no scars, striae, hernia or pulsations noted. is flat. Non-tender with no guarding or rebound

Musculoskeletal: No soft tissue swelling, erythema, ecchymosis or deformities in bilateral upper and lower extremities.

Neurological: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.

Cranial Nerves: No cranial nerve deficit.

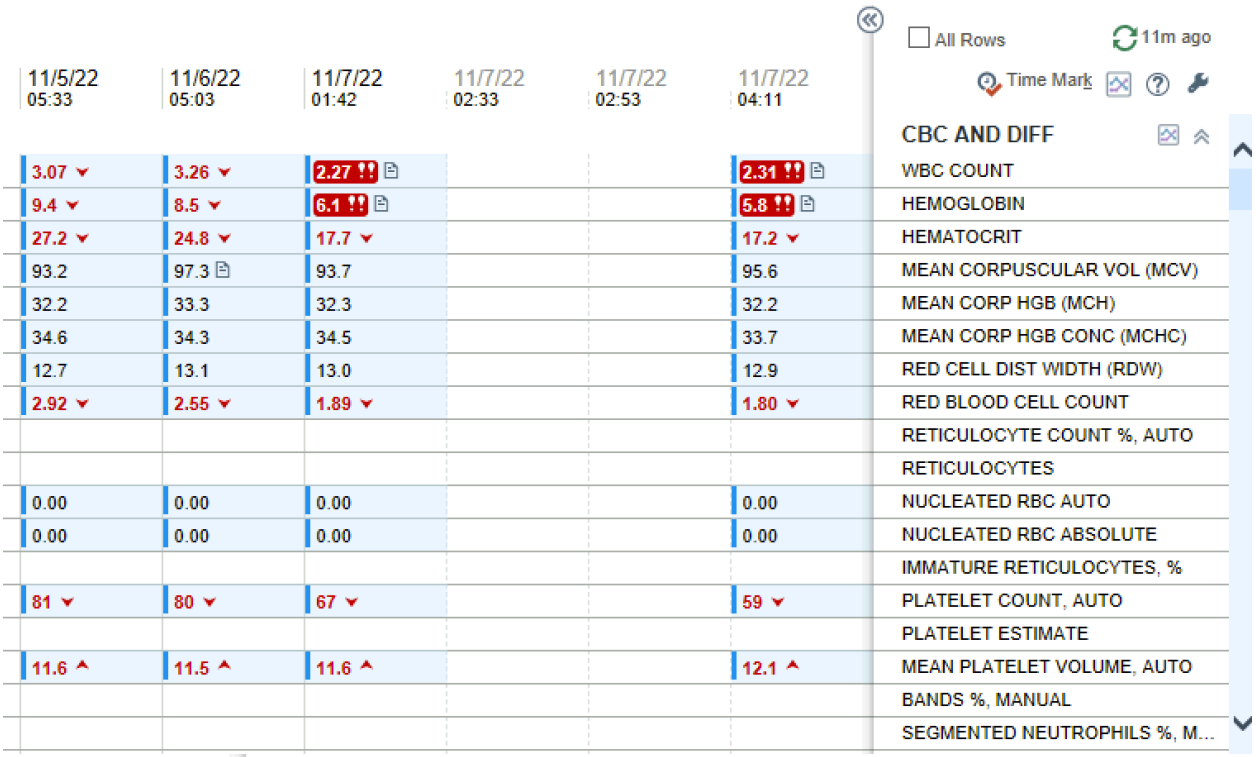
Sensory: No sensory deficit.

Motor: No weakness.

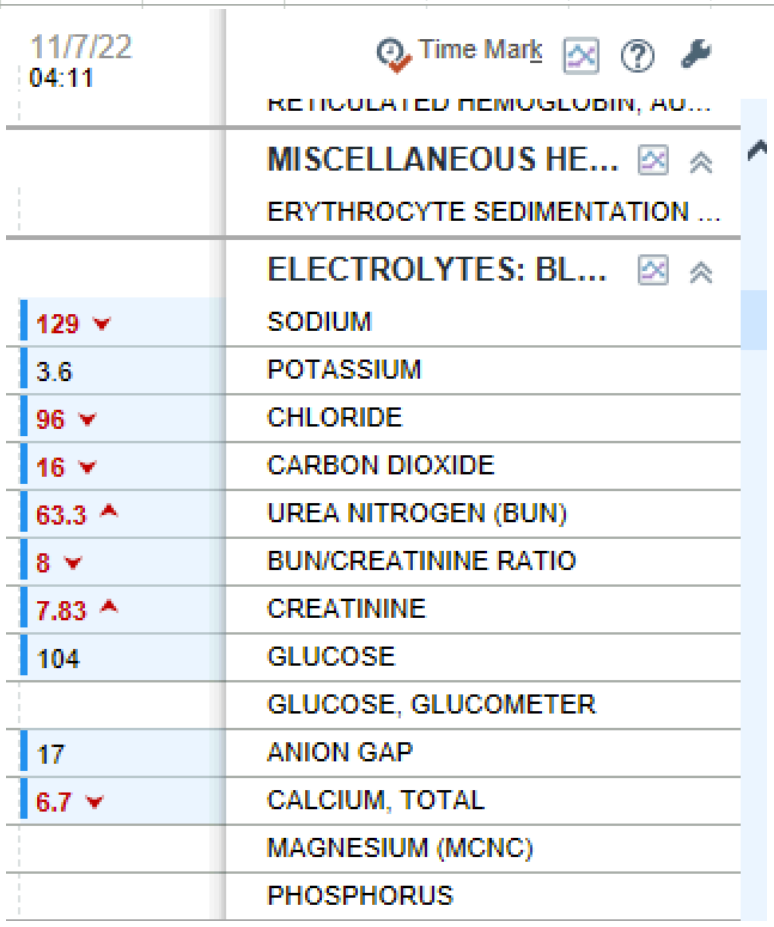
Coordination: Coordination normal.

Gait: Gait normal.

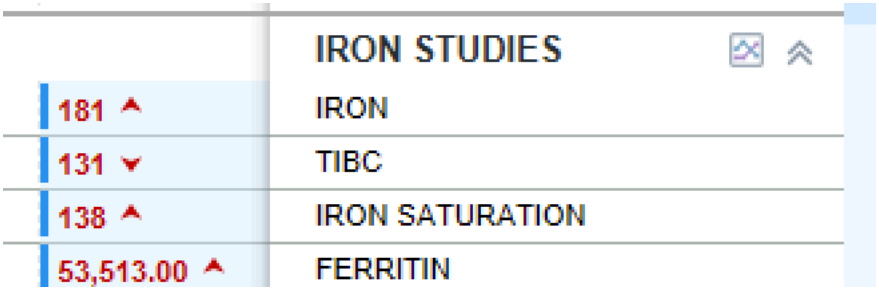
Pertinent labs:

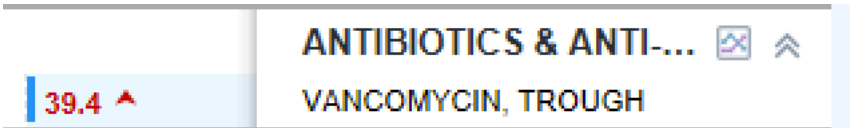


11/5/22 05:33	11/6/22 05:03	11/7/22 01:42	11/7/22 02:33	11/7/22 02:53	11/7/22 04:11	CBC AND DIFF
3.07 ↓	3.26 ↓	2.27 !!			2.31 !!	WBC COUNT
9.4 ↓	8.5 ↓	6.1 !!			5.8 !!	HEMOGLOBIN
27.2 ↓	24.8 ↓	17.7 ↓			17.2 ↓	HEMATOCRIT
93.2	97.3	93.7			95.6	MEAN CORPUSCULAR VOL (MCV)
32.2	33.3	32.3			32.2	MEAN CORP HGB (MCH)
34.6	34.3	34.5			33.7	MEAN CORP HGB CONC (MCHC)
12.7	13.1	13.0			12.9	RED CELL DIST WIDTH (RDW)
2.92 ↓	2.55 ↓	1.89 ↓			1.80 ↓	RED BLOOD CELL COUNT
						RETICULOCYTE COUNT %, AUTO
						RETICULOCYTES
0.00	0.00	0.00			0.00	NUCLEATED RBC AUTO
0.00	0.00	0.00			0.00	NUCLEATED RBC ABSOLUTE
						IMMATURE RETICULOCYTES, %
81 ↓	80 ↓	67 ↓			59 ↓	PLATELET COUNT, AUTO
						PLATELET ESTIMATE
11.6 ↑	11.5 ↑	11.6 ↑			12.1 ↑	MEAN PLATELET VOLUME, AUTO
						BANDS %, MANUAL
						SEGMENTED NEUTROPHILS %, M...



11/7/22 04:11	MISCELLANEOUS HE...
	ERYTHROCYTE SEDIMENTATION ...
	ELECTROLYTES: BL...
129 ↓	SODIUM
3.6	POTASSIUM
96 ↓	CHLORIDE
16 ↓	CARBON DIOXIDE
63.3 ↑	UREA NITROGEN (BUN)
8 ↓	BUN/CREATININE RATIO
7.83 ↑	CREATININE
104	GLUCOSE
	GLUCOSE, GLUCOMETER
17	ANION GAP
6.7 ↓	CALCIUM, TOTAL
	MAGNESIUM (MCNC)
	PHOSPHORUS





Phos: 2.8 on 11/7/22

Ca/PTH: WNL. 11/7/22

Blood Cultures: Taken on 11/4/22
- No growth on blood cultures taken 11/4/22

Urinalysis: Taken on 11/4/22
- negative for bacteria, leukocyte esterase or nitrates + blood and protein

Procalcitonin: 11/4/22 to 11/7/22
- 6.55 to 26.4

HCG: 11/4/22
- Negative

Pertinent diagnostic imaging:

EKG: 11/4/22
- no abnormal findings

Pelvic sono 11/4/22
- Suspect an endometrial polyp measuring up to 13 mm.
- Recommend sonohysterogram and/or GYN follow-up as an outpatient.
- Simple cyst/dominant follicle in the left ovary.
- No evidence of ovarian torsion at this time.

CXR: 11/4/22
- No focal consolidation or pleural effusion.

CT of Abd and Pelvis: 11/4/22

- Fluid-filled nondilated small bowel with liquid stool throughout the colon. Consider gastroenteritis, unclear etiology.
- Small volume nonspecific pelvic ascites.
- Polypoid hyperattenuation again noted in the endometrial cavity.
- Pelvic ultrasound recommended.
- Hepatic hemangiomas.

US: Endovaginal + Transabdominal 11/5/22

- CT with possible gastroenteritis, polypoid hyperattenuation noted in endometrial cavity with small volume pelvic ascites
- US pelvic ordered.

Assessment:

40-year-old female with PMH SLE, HTN, ESRD on HD MWF via LUE AVF, L sided DCIS s/p L mastectomy starting chemo on 11/12/22 presented to ED with fever, chills, (non-bloody) diarrhea and (non-bloody/nonbilious) vomiting x 2 days on Friday 11/4/22. Pt became tachycardic to 122 and febrile to 39.7 while in ED and sepsis protocol was activated. Pt started on Vancomycin and Meropenem. Pt also started to have heavy vaginal bleeding on 11/5/22, states she is usually regular and was not expecting a period which are usually not heavy. Pt labs reveal pancytopenia with hgb dropping from 9.4 when she arrived Friday 11/4/22 to to 8.5 on 11/6/22 to 5.8 today 11/7/22.

Sepsis

- N/V/D x 4 days
- fever (39.7) and tachycardia (122)
- lactate 1.7 11/7/22
- Elevated LFTs to 171/111 11/7/22
- UA: negative
- CXR: Negative
- RPP: Negative
- CT: Fluid-filled nondilated small bowel with liquid stool throughout the colon. Consider gastroenteritis, unclear etiology
- Procal 6.55 to 26.4
- Blood cultures: no growth 11/7/22
- Infectious disease wants to restart vancomycin 1g by level as patient is on HD and Meropenem 1g IV daily and on HD days after HD with po vanco 125mg q6 and Nystatin 1 million unit q4

#Pancytopenia

- Immunocompromised (DCIS, SLE, ESRD)
- Fever (39.4 C)
- leukopenia to 2.29

Anemia

- Trend hgb from 9.4 to 8.5 to 5.8 in three days
- Heavy vaginal bleeding
- endometrial polyp measuring up to 13 mm on sono; Gyn recommends polypectomy when Hgb > 8 and with no active infection, could be completed this admission if stable or arrange for outpatient follow up

SLE

- Not taking any medication
- Rheum recommended to start Hydroxychloroquine 200 mg, Oral, Daily
- Exacerbation with pancytopenia?

#ESRD on HD – MWF/ MBD

- Last dialysis: 11/7/22
- Hgb: 5.8
- Phos: , Ca: , PTH:
- On calcitriol, sevelamer

#Elevated LFTs

Plan:

Sepsis

- Continue to resuscitate IVF
- Continue Vancomycin 1g by level
- Continue po vanco 125mg q6
- Continue Meropenem 1g IV daily and on HD
- Continue Zosyn 4.5G iv q12
- Continue Nystatin 1 million unit q4
- Trend lactate
- Tylenol PRN for pain and fever
- Follow up with GI consult: Order GI PCR + C. Diff + fungal stool cultures

Pancytopenia

- Hematology requests the following labs
    - PTT, PT/INR, fibrinogen, CBC with differential daily
    - Coomb's test, retic count, haptoglobin, LDH to rule out causes of hemolysis
    - antiphospholipid syndrome (APLS) antibodies

    - triglyceride level and soluble IL-2 ICD 25 antibodies) to rule out HLH given very high ferritin

#Anemia

- Order type and screen for b 1unit of PRBC
- Continue to monitor H/H
- Gynecology recommends done-time dose of Lupron for heavy menstrual bleeding

#SLE

- Follow up with Rheumatology
- Continue Hydroxychloroquine 200 mg, Oral, Daily

ESRD on HD – MWF/ MBD

- Continue HD via LUE AVF MWF
- UF as tolerated
- Renal diet
- Continue calcitriol
- Phos low, discontinue phos binders
- Check Ca/Alb/Phos/iPTH

#Elevated LFTs

- Order Hepatitis Panel
- Trend LFTs

Update:

- Pt fever subsided, she required 3 PRBC overall (AVF was bleeding after HD), and 3 platelet transfusions
- Developed lower back pain and BL legs pain
- No underlying genetic bleeding disorder
- Diagnosis: thrombocytopenia persistent which could be ITP in setting of multiple systemic autoimmune flair
    - Tx: dexamethasone 40mg x 4 then prednisone 1mg/kg taper
- Nephrology wanted to Dc NS at 75cc/hr as she is developing edema
- Hematology stated to only transfuse platelets if active bleeding, if this is ITP transfusion unlikely to work
- Pt refractory to steroids consented to Rituximab which is a treatment for both ITP and other autoimmune disorders
- Bone Marrow Aspiration and Biopsy was done on 11/17/22
- Still in hospital awaiting bone marrow biopsy