**Patient One**

Our patient is a 33 year old African American male with a complex medical history– Type 1 diabetes, severe gastroparesis, and high blood pressure. On top of that, he's had past struggles with gastritis, coronary artery disease, an esophageal ulcer, and hypertension that is very difficult to control. Life hasn't been easy for him, and these conditions have made it challenging to work. He used to be a truck driver, but now he's not able to work anymore. He doesn't smoke or drink, and he's living with his girlfriend.

It all started when he had to rush to the Emergency Room, again. His usual epigastric pain and uncontrollable vomiting were back, along with a blood pressure reading at 250/150. His heart rate was in the 90s. This wasn't his first visit to the ER either. He'd been recently discharged from another hospital after dealing with gastroparesis and an upper gastrointestinal bleed. Now, the nausea and vomiting had returned, but thankfully, there was no chest pain, shortness of breath, or signs of internal bleeding like coffee ground emesis.

He has a long list of medications he's been prescribed: Reglan, Protonix, Lisinopril, Lopressor, and insulin to manage his diabetes. When the doctors examined him, they noticed he was somewhat drowsy with sluggish pupils. Further neurological examination showed that he was somewhat somnolent, and his reflexes were slower than normal. Scans revealed that the nasogastric tube, used to remove stomach contents, was coiled within the stoma, causing some complications.

Due to his extremely high blood pressure, they decided to admit him to the Critical Care Unit (CCU). They started him on a Labetalol drip, which is a common medication for high blood pressure. But it had an intense effect on him, causing his blood pressure to drop significantly, so they had to stop it. Next, they tried a Nipride drip, which contains a sodium chloride solution to reduce blood pressure. This worked for a while, but after 24 hours, his blood pressure dropped again, and they had to discontinue all drips.

Further testing revealed that he had severe autonomic dysfunction. This condition occurs when the nerves of the autonomic nervous system are damaged, leading to issues like dizziness and fainting when standing, caused by sudden drops in blood pressure. To treat these symptoms, he was given Florinef, which helped stabilize his blood pressure. Eventually, he only needed a Clonidine patch, a medication used to treat high blood pressure. After 24 hours in the CCU, they transferred him back to the regular medical floor. The good news was that he had little to no complaints about nausea or vomiting. His blood pressure was under control, although it was slightly elevated. Still, it wasn't fluctuating like it had been before.

The consulting service examined him and concluded that he had Type 1B diabetes, a rare form of diabetes that often affects those of African or Asian descent. Unlike the typical Type 1 diabetes, there was no sign of his immune system attacking his insulin-producing cells, and his need for insulin replacement was inconsistent.

At last, upon discharge, his diagnoses were gastroparesis, autonomic dysfunction, and hypertensive urgency. The doctors prescribed him 0.1 mg of Florinef once a day and a weekly Clonidine patch, in addition to his regular medications of Reglan, Protonix, and insulin.

**Patient Two**

This patient is 46 years old, female, and has a medical history of polysubstance abuse, bipolar disorder, depression with psychotic features, and obesity. Her only known allergy is that codeine upsets her stomach. The patient lives with her sister and has had a long history with polysubstance abuse. She was transferred from a different hospital with hypoxemic respiratory failure. Hypoxemic respiratory failure happens when there’s not enough oxygen in your blood.

The patient has a complicated medical history, including an overdose with multiple substances in November and subsequently developed aspiration pneumonia, which occurs when food or liquids is breathed into the airways or lungs instead of being swallowed. She was placed into Intensive Care Unit stay and it is not clear whether the patient was intubated at that time. The patient developed persistent hypoxemia following her hospital admission in November and was placed on 3 liters of nasal cannula oxygen upon her discharge in December. A nasal cannula is a thin, flexible tube that wraps around your head and has two prongs that sit in your nose to deliver oxygen.

Since her December discharge, she started using alcohol, heroin, cocaine, and abusing other pills including PCAs again. She came to the hospital complaining about having shortness of breath often. She had increased her use of heroin and cocaine the previous week. She was given Ceftazidime and Clindamycin for aspiration pneumonia. Ceftazidime injections are used to treat bacterial infections in different parts of the body, while Clindamycin is prescribed to treat infections such as skin and soft tissue infections. The patient was also given steroids and nebulizers.

Her chest x-rays at the previous hospital showed abnormalities in her lungs. These abnormalities could be due to two different possibilities: adult respiratory distress syndrome (ARDS), which is caused by tiny air sacs in the lungs responsible for oxygen exchange becoming filled with fluid or bilateral pneumonia, which is caused by severe aspiration. The patient had increasing oxygen requirements and was eventually placed on a nonrebreather on the medical floor. The patient’s antibiotics were changed to Levaquin, and then Azithromycin. Her respiratory status continued to decline and was subsequently intubated. The patient soon underwent bronchial alveolar lavage, which is a medical procedure used to obtain fluid from the airways and small air sacs in the lungs. The patient continued to require aggressive antibiotic therapy and Intensive Care Unit management. She underwent a chest CT scan which revealed the presence of lung disease and bronchiectasis, which is the damage of airways in the lungs. The patient underwent right open wound biopsy and a right tube was placed. The patient was then transferred to a different hospital for further evaluation and management.

Generative AI was used for both pages to search up and explain medical terms and tips for making the more dense details of the medical notes easier to understand.