

ChatGPT

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Cardiology Clinical Notes NER | Medical NLP NE Annotation Project

EN Projects

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Medications on Admission:

Unknown

Discharge Medications:

n/a

Discharge Disposition:

Expired

Discharge Diagnosis:

Deceased

Discharge Condition:

Deceased

Discharge Instructions:

n/a

Followup Instructions:

n/a

Completed by:[\*\*2192-8-2\*\*]"

4612

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## Edit Text

case\_001,"subject\_id=54217 | hadm\_id=128746

Admission Date: **[\*\*2192-8-1\*\*]** Discharge Date: **[\*\*2192-8-2\*\*]**

Date of Birth: **[\*\*2143-7-5\*\*]** Sex: M

Service: MEDICINE

Allergies:

No Drug Allergy Information on File

Attending:**[\*\*First Name3 (LF) 2297\*\*]**

Chief Complaint:

GI Bleed

Major Surgical or Invasive Procedure:

**[\*\*Last Name (un) \*\*]** placement

Central line placement

History of Present Illness:

Briefly, pt is a 49yo man with h/o EtOH abuse who was found down in cardiac arrest by his wife at home. EMS was called, who noted

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History of Present Illness:

Briefly, pt is a 49yo man with h/o EtOH abuse who was found down in cardiac arrest by his wife at home. EMS was called, who noted PEA and initiated CPR. He was unable to be intubated in the field, so he was taken to the closest ED. There CPR was continued and after a fourth round of epinephrine, cardiac rhythm became VT/VF, for which he was shocked into sinus tachycardia with a pulse. He was intubated, and when OG tube was placed 6+ liters of bright red blood were suctioned from his upper GI tract. Labs there were significant for anemia and thrombocytopenia, acute renal failure, metabolic acidosis (pH 6.80), elevated CK with evidence of myocardial infarction, liver failure, and coagulopathy. He was resuscitated with blood products including PRBCs and FFP, in addition to IV fluids with lactated ringers and normal saline, as well as vasopressor support with Levophed. He developed hyperkalemia and required calcium gluconate and bicarbonate. Once he was stabilized, transfer to [\*\*Hospital1 18\*\*] MICU was arranged, and we were consulted for possible upper endoscopy to assess variceal hemorrhage and for probable placement of [\*\*Initials (NamePattern4) \*\*] [\*\*Last Name (NamePattern4) \*\*] tube.

On arrival to the floor, SBP dropped to the 60s, requiring additional vasopressor support, blood products, and IV fluid resuscitation.

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Past Medical History:

EtoH Abuse

prior acute variceal hemorrhage

Social History:

unknown

Family History:

unknown

Physical Exam:

ADMISSION PHYSICAL EXAM

VS: hypothermic, HR 86, NBP 69/35, ABP 81/48, R 14, SaO2 100%

Vent: AC - 500 x 14 / peep 5 / 100% FiO2

General: intubated

HEENT: pupils dilated and non-responsive, sclerae anicteric,

blood pooling in oropharynx

Lungs: CTA bilat, no r/rh/wh

Heart: RRR, nI S1-S2, no murmurs

Abdomen: decreased BS, soft/NT/ND, no HSM

Extrem: no edema

Skin: no jaundice

Neuro: GCS 3

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Pertinent Results:

ADMISSION LABS

[\*\*2192-8-1\*\*] 09:46PM BLOOD WBC-6.0 RBC-2.58\* Hgb-8.3\* Hct-26.8\* MCV-104\* MCH-32.0 MCHC-30.8\* RDW-14.7 Plt Ct-48\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD Plt Ct-48\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD PT-27.1\* PTT-150\* INR(PT)-2.6\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD Fibrino-54\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD Glucose-347\* UreaN-37\* Creat-2.9\* Na-137 K-7.6\* Cl-100 HCO3-10\* AnGap-35\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD Fibrino-54\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD ALT-435\* AST-1587\* LD(LDH)-2640\* CK(CPK)-5515\* AlkPhos-87 TotBili-1.7\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD CK-MB-95\* MB Indx-1.7 cTropnT-0.36\*

[\*\*2192-8-1\*\*] 09:46PM BLOOD Albumin-1.6\* Calcium-7.5\* Phos-16.9\* Mg-3.4\*

[\*\*2192-8-1\*\*] 10:09PM BLOOD Type-ART pO2-454\* pCO2-51\* pH-6.79\* calTCO2-9\* Base XS--29

[\*\*2192-8-1\*\*] 09:55PM BLOOD Lactate-18.0\*

[\*\*2192-8-1\*\*] 10:09PM BLOOD O2 Sat-98

[\*\*2192-8-1\*\*] 10:09PM BLOOD freeCa-0.47\*

Brief Hospital Course:

#) GI Bleed/Hypovolemic Shock: Upon arriving to the MICU, the patient was started on a massive transfusion protocol.

Including the pt's time at the OSH and on transport, the patient