

ChatGPT

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Cardiology Clinical Notes NER | Medical NLP NE Annotation Project

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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

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Clinical_status 1

Clinical_instruction 2

Clinical_event 3

Investigation_type 4

Investigation_value 5

Medical_device 6

Risk_factor_Exposure 7

Outcome_Prognosis 8

Casual_Relation 9

Key	Value
id	case001

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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, nl S1-S2, no murmurs
Abdomen: decreased BS, soft/NT/ND, no HSM
Extrem: no edema
Skin: no jaundice

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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*

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Trash

Keyboard

Discharge Diagnosis.

Deceased

Discharge Condition:

Deceased

Discharge Instructions:

n/a

Followup Instructions:

n/a

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

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Navigation icons

- 1) ASA 325mg PO daily
- 2) Atenolol 25mg PO daily
- 3) Plavix 75mg PO daily
- 4) Colace 100mg PO BID
- 5) Proscar 5mg PO daily
- 6) Imdur 30mg PO daily
- 7) Senna 8.6mg PO daily
- 8) Flomax 0.4mg PO daily
- 9) Oxybutynin 5mg PO Q6H PRN bladder spasm
- 10) Ciprofloxacin 500mg PO BID [****6-23****]

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Discharge Medications:

1. Cephalexin 500 mg Capsule Sig: One (1) Capsule PO Q8H (every 8 hours) as needed for PM impant for 3 days.
Disp:*6 Capsule(s)* Refills:*0*
2. Amiodarone 200 mg Tablet Sig: One (1) Tablet PO BID (2 times a day) for 1 months.
Disp:*60 Tablet(s)* Refills:*0*
3. Metoprolol Succinate 50 mg Tablet Sustained Release 24 hr
Sig: One (1) Tablet Sustained Release 24 hr PO DAILY (Daily).
Disp:*30 Tablet Sustained Release 24 hr(s)* Refills:*2*
4. Warfarin 5 mg Tablet Sig: One (1) Tablet PO Once Daily at 4 PM.

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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 Blood

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Progress

Total20

Complete0

0%

Label Types

Patient_Age a

Patient_Gender g

Medical_History h

Social_History o

Symptom s

Anatomical_structure l

Medication_form u

Allergy_Intolerance v

Vital_Sign i

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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

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

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Allergy_Intolerance v

Vital_Sign i

Examination_Finding e

Test_Name n

Test_Result t

Diagnosis d

Differential_Diagnosis f

Medication m

Medication_Dose c

Medication_Route r

Frequency q

Duration y

Procedure p

Treatment_Plan w

Temporal_Expression k

Negation x

Severity_Modifier z

Family history b