**Primary Card**

**Doe, Jane**

62 y/o woman presenting with acute ischemic right middle cerebral artery stroke; no tPA or thrombectomy due to being outside time window *(taken from physician History and Physical Note)*.

**History**:

* Hypertension, hyperlipidemia, Ethanol abuse *(taken from physician notes or nurse history input)*

**Vital Signs:** *(taken from vitals section in EMR)*

* BP 172/95-162/83; HR 72-130; O2 97-99%

**NIHSS:** *(taken from neurologist notes)*

* 12 today 14 yesterday

**Stroke labs**: *(taken from labs)*

* HgBA1C: 4.8%
* TSH: 2.5
* Total Cholesterol 180
* LDL: 113
* RPR: negative

**Studies:**

MRI Brain w/o contrast: Right MCA M3 segment acute ischemic cortical infarction

TTE (trans thoracic echocardiogram- information would be taken from interpretation summary) : EF 55-60%, Left atrial enlargement

EKG(Electrocardiogram- information from interpretation summary) : Atrial fibrillation detected

CHA2DS2-VASc Score: 4-High risk requiring oral anticoagulation

(https://www.mdcalc.com/cha2ds2-vasc-score-atrial-fibrillation-stroke-risk)

**Secondary Card**

**Doe, Jane**

62 y/o woman presenting with acute ischemic right middle cerebral artery stroke; no tPA or thrombectomy due to being outside time window

**(+)Hypertension**

BP 172/95-162/83

BP Goal <220 systolic (based on last known normal <24 hours)

BUN/Cr: 30/0.6- Elevated BUN/Cr ratio with normal EF%- consider hydration

Inpatient Medications: Scheduled meds held, only PRN Hydralazine and Labetalol SBP >220

Home medications: HCTZ 25 mg daily

**(+)Hyperlipidemia**

Inpatient Medications: Atorvastatin 80 mg

Home medications: None

* Total Cholesterol 180
* LDL: 113

**(+)Ethanol Abuse**

Last drink: Unknown

History of Delirium tremens: yes

CIWA protocol ordered: yes

**(+) it would be nice if each of these separate entities could be dragged and sorted- so for instance ethanol abuse could be dragged to the top**