**Patient**: Sarah Ramirez (DOB 1989-11-15)  
**MRN**: 753942  
**Admission**: 2025-03-24 | **Discharge**: 2025-03-29  
**Physicians**: Dr. L. Morgan (Hematology), Dr. A. Williams (Rheumatology)

**Dischage diagnosis: ITP**

**1. Hematological Diagnosis**

* **Primary ITP**: Newly diagnosed, severe (platelet count <10 × 10^9/L with significant bleeding)
* **Presenting Labs**:
  + Platelet count: 4 × 10^9/L
  + Hemoglobin: 13.2 g/dL, WBC: 6.8 × 10^9/L (normal differential)
  + Peripheral smear: Severe thrombocytopenia, normal RBC/WBC morphology, large platelets present
* **Diagnostic Workup**:
  + DAT: Negative
  + ANA: Negative
  + HIV, Hepatitis B/C: Negative
  + H. pylori: Negative
  + Immunoglobulins, thyroid function, B12, folate, complement: Normal
  + Imaging: No lymphadenopathy or splenomegaly
* **Clinical Presentation**:
  + Multiple petechiae on extremities and trunk
  + Mucosal bleeding: gingival bleeding, epistaxis
  + Menorrhagia
  + No prior history or family history of bleeding disorders

**2. Current Treatment**

* **Corticosteroids**:
  + Methylprednisolone 1 mg/kg/day IV (80 mg) for 3 days (3/24-26)
  + Transitioned to prednisone 1 mg/kg/day PO (80 mg) on 3/27
* **IVIG**: 1 g/kg/day for 2 days (3/24-25), total 160 g
* **Supportive Therapy**:
  + 2 units single donor platelets on admission (3/24)
  + Tranexamic acid 1000 mg IV q8h for 48 hours (3/24-26)
  + Ferrous sulfate 325 mg PO daily
* **Response**:
  + Platelet count increased from 4 to 52 × 10^9/L at discharge
  + Resolution of active mucosal bleeding by day 2
  + Gradual fading of petechiae
  + No new bleeding events during hospitalization

**3. Comorbidities**

* Migraine with aura (2018, controlled with sumatriptan PRN)
* GERD (2020)
* Appendectomy (2012)
* Right ankle ORIF (2019)
* Non-severe persistent asthma (childhood, controlled)
* Allergies: Latex (contact dermatitis)

**4. Discharge Medications**

**New**:

* Prednisone 80 mg PO daily for 7 days, then taper:
  + 60 mg × 7 days → 40 mg × 7 days → 30 mg × 7 days → 20 mg × 7 days → 10 mg × 7 days → 5 mg × 7 days, then stop
* Atovaquone 1500 mg PO daily (while on steroids)
* Calcium carbonate 600 mg + Vitamin D 400 IU PO BID (while on steroids)
* Ferrous sulfate 325 mg PO daily

**Chronic**:

* Montelukast 10 mg PO daily
* Fluticasone/salmeterol 100/50 mcg inhaler, 1 puff BID
* Sumatriptan 50 mg PO PRN for migraine (max 2 doses/24h)
* Omeprazole 40 mg PO daily (increased while on steroids)
* Albuterol inhaler 2 puffs Q4H PRN

**Avoid**:

* NSAIDs, antiplatelet agents, anticoagulants, IM injections

**5. Follow-up**

* Dr. L. Morgan in 1 week (4/7/25)
* CBC twice weekly for 2 weeks, then weekly until stable
* Monitor for steroid complications (hyperglycemia, hypertension, mood changes)
* Check blood glucose weekly while on high-dose steroids
* Monitor BP at home if possible

**Activity Restrictions**

* Avoid contact sports until platelets >50 × 10^9/L
* Avoid competitive sports until platelets >100 × 10^9/L
* Avoid tooth flossing, use soft toothbrush while platelets <50 × 10^9/L

**Long-term Planning**

* If no sustained response, consider:
  + Thrombopoietin receptor agonists (TPO-RAs)
  + Rituximab
  + Splenectomy (potential future option)
* Long-term monitoring due to relapse risk

**6. Lab Values (Admission → Day 3 → Discharge)**

* Platelets: 4 → 28 → 52 × 10^9/L
* Hemoglobin: 13.2 → 12.8 → 12.9 g/dL
* WBC: 6.8 → 10.2 → 11.5 × 10^9/L
* Neutrophils: 65 → 75 → 80%
* Glucose: 95 → 140 → 435 mg/dL

**Electronically Signed By**:  
Dr. L. Morgan (Hematology) - 2025-03-29 14:45  
Dr. A. Williams (Rheumatology) - 2025-03-28 16:30