**Patient**: Olivia Martinez (DOB 1988-11-10)  
**MRN**: 492385  
**Admission**: 2025-03-22 | **Discharge**: 2025-04-05  
**Physicians**: Dr. A. Patel (Hematology), Dr. J. Walker (Nephrology), Dr. S. Chen (Neurology), Dr. T. Robinson (Critical Care)

**Discharge diagnosis: TTP**

**1. Diagnosis Details**

* **Primary**: Acquired TTP (Diagnosed 3/22/2025)
* **Diagnostic Criteria**:
  + Severe thrombocytopenia (platelets 9 × 10^9/L)
  + Microangiopathic hemolytic anemia with schistocytes
  + Neurological symptoms (confusion, headache)
  + Renal involvement (elevated creatinine, microscopic hematuria)
  + ADAMTS13 activity <5%
  + ADAMTS13 inhibitor positive (4.2 Bethesda Units)
* **PLASMIC Score**: 7/7 (High Risk)
* **Potential Trigger**: Recent URI (2 weeks prior)

**2. Treatment**

* **Therapeutic Plasma Exchange (TPE)**:
  + Daily × 10 consecutive days
  + Days 1-5: 1.5 plasma volume exchanges
  + Days 6-10: 1.0 plasma volume exchanges
  + Replacement: 100% FFP
* **Immunosuppression**:
  + Methylprednisolone 1,000 mg IV daily × 3 days
  + Prednisone 1 mg/kg/day PO (80 mg) started day 4
* **Rituximab**:
  + 375 mg/m² IV weekly (day 3 and 10)
  + 2 more doses scheduled outpatient
* **Caplacizumab**:
  + 10 mg IV loading dose after first TPE
  + 11 mg SC daily maintenance
  + Continue 30 days after TPE discontinuation
* **Supportive Care**:
  + PRBC transfusions: 2 units (admission), 1 unit (day 4)
  + Prophylactic folic acid and vitamin B12
  + DVT prophylaxis (started day 8 when platelets >50,000/μL)

**3. Hospital Course Complications**

* Seizure activity (day 2)
* Intermittent epistaxis requiring nasal packing
* Acute kidney injury (peak Cr 2.1 mg/dL)
* Hypertension requiring IV medication
* ICU care days 1-6
* Platelet count normalized by day 10 (132 × 10^9/L)
* Complete resolution of neurological symptoms by day 4

**4. Comorbidities**

* Hypertension (2019)
* Hypothyroidism (2020)
* Migraines with aura
* G2P2 (2 uncomplicated pregnancies)

**5. Discharge Medications**

**TTP-Related**:

* Caplacizumab 11 mg SC daily (continue through 5/5/2025)
* Prednisone 80 mg PO daily × 7 days, then taper by 10 mg weekly
* Folic acid 1 mg PO daily
* Vitamin B12 1,000 mcg PO daily
* Trimethoprim-sulfamethoxazole 800/160 mg PO 3×/week
* Valacyclovir 500 mg PO daily
* Calcium carbonate 600 mg PO BID
* Vitamin D3 2,000 IU PO daily
* Pantoprazol 40 mg PO daily

**Chronic**:

* Levothyroxine 112 mcg PO daily
* Amlodipine 5 mg PO daily

**PRN**:

* Acetaminophen 650 mg PO Q6H PRN
* Ondansetron 4 mg PO Q8H PRN

**6. Follow-up Plan**

* **Hematology**: Dr. A. Patel in 3 days (4/8/2025)
* **Labs**: CBC 2×/week (first week), then weekly; LDH, reticulocytes, CMP weekly × 4 weeks
* **ADAMTS13**: Check 1 week after completing rituximab course
* **Rituximab**: Scheduled for 4/12/2025 and 4/19/2025
* **Nephrology**: Dr. J. Walker in 2 weeks (4/19/2025)
* **Bone Health**: DEXA scan 4/15/2025
* **Long-term Monitoring**: Monthly ADAMTS13 × 3 months, then quarterly × 1 year

**7. Lab Values (Admission → Nadir/Peak → Discharge)**

* Hemoglobin: 7.2 → 6.8 → 10.2 g/dL
* Platelets: 9 → 7 → 178 × 10^9/L
* Reticulocytes: 8.2 → - → 3.5%
* LDH: 1,250 → 1,450 → 220 U/L
* Haptoglobin: <8 → <8 → 45 mg/dL
* Total Bilirubin: 3.2 → 3.6 → 1.1 mg/dL
* Creatinine: 1.8 → 2.1 → 1.1 mg/dL
* ADAMTS13 Activity: <5%
* ADAMTS13 Inhibitor: 4.2 BU

**Electronically Signed By**:  
Dr. A. Patel (Hematology) - 2025-04-05 15:30  
Dr. J. Walker (Nephrology) - 2025-04-05 14:45