An 82-year-old woman was admitted to the hospital because of chest pains that she was having. She was actually already having chest pains but these ones were different than the ones she was having before. Her previous chest pains were due to her history of coronary artery disease. This is a disease where the arteries in a person’s heart become narrow and restrict blood flow to the heart. The arteries fill up with plaque which creates a narrow passageway for blood to flow through. She originally had a left anterior descending percutaneous transluminal coronary angioplasty (PTCA) done to fix her coronary artery disease. PTCA is a non-invasive procedure used to unblock the narrowing of arteries with people who have coronary artery disease. PTCA actually failed and so she had a coronary artery bypass graft or coronary artery surgery performed on her instead. This was a successful procedure but she had chest pains because of this and was taking sublingual Nitroglycerin to get some relief. She was on this medication up to the day that she was hospitalized for her new chest pains. The woman also had diabetes and hyperlipidemia meaning that she had too many fats in her blood. She used to have kidney cancer but the tumor in her kidney was removed through surgery.

While in the hospital she experienced multiple episodes of her blood pressure rising and dropping to extreme levels which are considered dangerous. The day that she was admitted her blood pressure kept going up and just slightly dropped down to 180s. They gave her a Nitroglycerin drip to help her with the chest pains but then her blood pressure dropped down to 70s and so they took her off of Nitroglycerin. They then put her on Lopressor which is a beta blocker that helps reduce high blood pressure and also helps with chest pains. She was fine the day after she was admitted to the hospital but at noon her blood pressure was elevated again so they had to put her back on Nitroglycerin. Similar to before, her blood pressure dropped down to 70s but this time she became hypoxic meaning she didn’t have enough oxygen in her tissues to keep her body functioning.

This is when they put her on nonrebreather oxygen and transferred her to the coronary care unit (CCU) where they gave her more Nitroglycerin and other medication to help with the fluid accumulation caused by her heart problems. While in the CCU they also conducted a computed tomography scan (CT scan) which is basically an X-ray of her head. They decided to perform a CT scan because she was slightly delirious and her mental state was not normal. Luckily, the CT scan showed that there was nothing wrong with her brain and that her mental status was fine. She experienced more low blood pressure while on Nitroglycerin so they put hooked her up to an IV or intravenous which is the small pack of fluid that is connected to a patients arm via needle and tube. They first gave her multiple drugs by injecting them into the IV tube and her blood pressure became more stable after that. They kept her on beta blockers which help lower blood pressure and also ace inhibitors which are used to treat high blood pressure. After all of this, she kept a stable blood pressure all the way until she was discharged from the hospital.

When they discharged her they gave a diagnosis and a list of medications that she had to take after she left the hospital. Her discharge diagnoses stated that she had hypertension or high blood pressure. This she experienced multiple times during her stay at the hospital and is why she was given hypertensive medication. The diagnoses also included hypotension or low blood pressure because she was fluctuating between high and low blood pressure multiple times. The diagnoses also included coronary artery disease which was already part of her health history. However, this probably contributed to her sporadic changes in blood pressure because she already had problems with blood flow in her heart and was taking Nitroglycerin for her chest pains. There was also the mention of diabetes in her diagnoses which means her blood has too much sugar in it. In the doctors' notes, she was also mentioned to be obese which is probably related to her diabetes. These factors helped contribute to her unhealthy heart and coronary artery disease which is probably why she was experiencing all the chest pains and extreme blood pressure levels. Her medication list on discharge included several medications which all had to be taken once or twice a day and they all serve different purposes such as chest pain relief and medication to stable her blood pressure.