

CC: unresponsiveness for 30 min
HPI:
 56yF, found at home by husband that tried waking her up.
1 week prior: severe chest pain -> inferior wall MI (Angiogram: RCA complete stenosis, LCA 50% stenosis -> single stenting of RCA)
 Discharged, but normal vitals and usual workup of PCI with dual antiplatelet therapy (DAT) done. **3 months ago b/l limb swelling** after she was walking at the front yard and got a unilateral R leg swelling, then also in left leg. Abx for 1 week. Redness decreased, but not the swelling. 2nd dose of abx started (cellulitis was suspected)

PMH:
 Diabetes (20y),
 HTN
 1 episode of Anaphylatic shock 5y ago
 Diabetic foot 1y prior

Meds:
 500mg Metformin
 5mg Amlodipine
 2mg glimepiride

Fam Hx:
 DM & HTN

Soc Hx:

Health-Related Behaviors:
 none

Allergies:

Vitals: T:36°C HR:96 BP:100/80 RR:25 SpO₂: 92%
Exam:
Gen: not oriented to time, place, person
HEENT: puffy face
Abd: wnl
Neuro: unresponsive; reflexes etc normal, tone normal
Extremities/Skin: b/l LE swelling

Notable Labs & Imaging:
Hematology:
 WBC: >13.000 Hgb: 14.3 Plt: 350.000

Chemistry:
 Na: 135 K: 3.8 Cl:101 CO2: BUN: Cr: Glucose:**35**
 Serum urea 35 (35 3 months ago)
 Crea 1.4 (1.2 3 months ago)

Imaging:
 EKG: no new changes
 CXR: clear

Day 2 of admission: WBC improved (10k)

Final dx: Chronic kidney disease

Metformin not supposed to be given to pt with GFR<30mg/dL (her GFR <30) + recent procedure aggravating her metabolic panel

Problem Representation: a 56yF w/ acute AMS w/ a prior stent implantation 1 week prior due to inferior wall MI & 3 m ago b/l leg swelling w/ a Crea-increase from 1.2 to 1.4 within 3 months..

- Teaching Points (Lea):**
- **Unresponsiveness:** Check vital signs to evaluate urgency
 - Pulse, airway secured, Rx before Dx
 - Inferior wall infarction
 - Occlusion of RCA
 - Angiogram: make stenosis visible, place stent
 - Post MI complication(more common) or underlying dz
 - **Unresponsiveness + post MI complications:**
 - CV compromised/perfusion deficit: valvular rupture, ventricular wall rupture, post-MI pericarditis, Arrhythmia
 - Embolic stroke, DPT -> intracranial bleeding risk, DVT (was antikoag. medication taken?)
 - AMS: MIST mnemonic
 - Check glucose!!! (hypoglycemia = great mimicer), Rx!
 - **Hypoglycemia:**
 - Pseudohypoglcemia due to peripheral vasoconstriction
 - **Insulin mediated:** Exogenous(medication) vs endogenous(insulinoma); Clue: Hypoglycemia is only/main Sx
 - **Non-insulin mediated:** Decomp. Liver dz, Sepsis, intox
 - **CKD + Hypoglycemia risk:**
 - Metformin: check GFR! (don't give with <30)
 - Insulin: renal clearance (accumulation)