

Haematology		05-10-2019 03:08
<b>FBE</b>		
<input type="checkbox"/> Hb		149
<input type="checkbox"/> WBC		10.30
<input type="checkbox"/> Platelets		509
<input type="checkbox"/> Hct		0.45
<input type="checkbox"/> MCV		123
<input type="checkbox"/> MCH		40.7
<input type="checkbox"/> MCHC		332
<input type="checkbox"/> RBC		3.65
<input type="checkbox"/> RDW		13.8
<input type="checkbox"/> Neutrophils		8.03
<input type="checkbox"/> Lymphocytes		1.30
<input type="checkbox"/> Monocytes		0.84
<input type="checkbox"/> Eosinophils		0.09
<input type="checkbox"/> Basophils		0.04
Morphology		* Comment
FBE Phone Comment		* Phoned Comm

LFT / gastro		69
<input type="checkbox"/> Total Protein		34
<input type="checkbox"/> Albumin		35
<input type="checkbox"/> Globulin		5
<input type="checkbox"/> Bilirubin		139
<input type="checkbox"/> ALT		
<input type="checkbox"/> AST		119
<input type="checkbox"/> GGT		68
<input type="checkbox"/> ALP		25

The Alfred, Inpatient, 05-10-2019 - 25-10-2019

M - 63M fall out of window 4m onto concrete. Was asleep, thinks he got up to go to toilet, next memory is lying on concrete out window  
 - Pt unsure how he has fallen out of window ?sleep walking  
 - No pre-syncopal symptoms. Unsure if LOC. Called out for help, mothers partner found him and called AV  
 I - complaining of altered sensation tips of fingers (hyperalgesia)  
 S - HD stable  
 T - spine immobilised

Nil allergies

PMHx - essential thrombocytopenia ( on aspirin), HTN, ?undiagnosed OSA

1.) (Medium Importance) Result Comment by SYSTEM on 05 October, 2019 12:07

Comments : Red cells show marked macrocytosis and a moderate increase in stomatocytes. White cells show neutrophilia. Platelets show thrombocytosis. Post trauma. Note red cell changes. Suggestive of liver impairment.

Finally on 15/10/2019 we see finally Hydroxyurea enter the notes

Advised OK to WH aspirin while working up for OT Friday

Aim to recommence post

Small increased risk of thrombosis while off aspirin but clinical benefit of OT for canal stenosis outweighs this

Continue hydroxyurea during this time

May be need to increase hydroxyurea if Plts increase to >1000

Consider patients with E.T. and macrocytosis to be on hydroxyurea.  
 The macrocytosis is also out of sync with the LFT's.