

## QUESTION

A 60-year-old male patient with a long history of hypertension is brought to the emergency department by ambulance. He is found unresponsive at home. On arrival, he is comatose and has a Glasgow Coma Scale score of 3. His vital signs are: temperature 37.8°C (100.0°F), heart rate 110 beats per minute, respiratory rate 18 breaths per minute, and blood pressure 180/110 mmHg. He has a regular sinus rhythm on ECG. His physical examination is notable for hyperreflexia and a clonus of the lower extremities. A head CT scan shows a large right parietal lobe intracerebral hemorrhage. The patient's medical history is significant for hypertension, diabetes mellitus, and chronic kidney disease. He is on a daily regimen of lisinopril, metformin, and furosemide.

The patient's family reports that he was found unresponsive in the morning. They do not recall any recent falls or trauma. The patient has been on the same medications for several years. His last meal was a few hours before he was found. The patient's medical history is significant for hypertension, diabetes mellitus, and chronic kidney disease. He is on a daily regimen of lisinopril, metformin, and furosemide. The patient's family reports that he was found unresponsive in the morning. They do not recall any recent falls or trauma. The patient has been on the same medications for several years. His last meal was a few hours before he was found.

System	Findings	Relevant History
Vital Signs	Temp 37.8°C (100.0°F), HR 110 bpm, RR 18 bpm, BP 180/110 mmHg	Hypertension
ECG	Regular sinus rhythm	None
Physical Exam	Comatose (GCS 3), hyperreflexia, clonus	None
Imaging	Large right parietal lobe intracerebral hemorrhage	None
Medications	Lisinopril, Metformin, Furosemide	Hypertension, Diabetes, CKD

QUESTION

## ANSWER



ANSWER