



# 9/28/22 Morning Report with @CPSolvers



Case Presenter: Madellena (@MadellenaC) Case Discussants: Sharmin (@Sharminzi) and Jack (@jackpenner)

**CC:** 35 male y/o SOB

**HPI:**

- SOB the last 2 weeks and came today
- Subjective fever the last few days. +Runny nose + cough X 5 days-productive yellow phlegm
- No chest pain
- + Asthma - tried using his inhaler and did not help much
- Hospitalized 5 X due to asthma exacerbations

**PMH:**  
HIV (dx 10 years ago)  
Last VL low  
CD4 : 420  
Mild intermittent asthma

**Meds:**  
Biktarvy  
Albuterol  
PRN  
Risperidone

**Fam Hx:**

**Soc Hx:**  
Lives in a homeless shelter  
Exposed to sick people

**Health-Related Behaviors:**  
Methamphetamines- 3-4 X /week  
Cut down in the last few weeks

**Allergies:**

**Vitals:** T: Afebrile HR: 88 BP: 125/85 RR:16 SpO<sub>2</sub>: 97% RA

**Exam:**

**Gen:** Anxious/distressed. Talk in complete sentences

**HEENT:** -

**CV:** RRR, no murmurs

**Pulm:** Diffuse wheezing all lung fields, no use of accessory muscles

**Abd:** soft, non tender.

**Neuro:** -

**Extremities/Skin:** No edema

**Notable Labs & Imaging:**

**Hematology:**  
WBC: Hgb: Plt:

**Chemistry:**  
Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag: AST: ALT: Alk-P: T. Bili: Albumin:

COVID-19 negative

**Imaging:**  
EKG:  
CXR: Clear

**Course:**  
-Gave albuterol/ipratropium and symptoms improved  
-Prescribe inhaled steroids + Inhalers

**Final Dx:** Asthma exacerbation likely due to viral infection

**Problem Representation:**  
35 year old male with a pmhx of HIV and asthma presents with dyspnea and features of URTI and his exam is without hypoxemia but diffuse wheezing on lung exam and has a clear CXR and therefore found to have asthma exacerbation likely due to viral infection

**Teaching Points (Debora):**

**SOB** → look for the tempo. Possible causes: Anemia, acidosis anxiety.

**Heart:** Causes: Valvular e.g. endocarditis, HF, heart attack, and arrhythmias. **Lungs** (inflammation can suggest): Causes: Astma, COPD, ILD and effusions.

The patient is healthy? can be an infection. Has a chronic lung disease? COPD or asthma exacerbation.

**Lungs:** Parenchyma → infection (Pneumonia). Pleural → effusion. Vessels: Pulmonary Hypertension or the vessels can be block.

**Hiv** → multiple pathologies or atypical presentation. What types of pulmonary diseases can present w/ normal CD4?

- Bacterial Pneumonia: Neumococo
- TB

Any individual w/ Hiv need a TB test.

**Respiratory distress** → pulmonary edema can congest the airway. Walk the patient to see the severity and check the expiratory flow (can be decrease in this case).

**Management:** Give Albuterol and see how the patient reacts  
Order: EKG (check q waves) and image of the chest.  
Empiric therapy to see how the patient respond → in a few days.  
Check if the symptoms improve or no.