04/15/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Dr. Rishabh Bansal *Case Discussants*: Dr. Anna Fretz *(@AnnaFretz)*

CC: 50 M complaints of agitation; confusion; palpitation; for the past one week.

HPI: His office manager called EMS after he found the patient confused, altered and agitated outside the office building. The office manager told EMS that the patient had been feeling unwell for the last week, during which he had only been drinking hard liquor without any food intake. As per EMS, he was AOx4 but erratic in speech. He was initially taken to another hospital, where he was found to be severely dehydrated, borderline hypotensive and tachycardic. He was given 5L normal saline boluses with improvement in blood pressures. He was found to be agitated and paranoid there, was treated with diazepam and evaluated by psychiatry as he was accusing the nurse of trying to kill him. Psychiatry upon evaluation cleared him for discharge. Patient was then transferred to our hospital for given persistent tachycardia and concerns for alcohol withdrawal. ROS 20lb weight loss

PMH:
Alcohol use disorder

Meds:
Not taking any

Fam Hx: none

Soc Hx: 8-10 drinks per day bear ; last 2 days ago; helps for sleeping; working in trucking industry for the past one year; lives at home with significant others. Denied tobacco smoking and illicit drugs.

Health-Related Behaviors:
Allergies:NKDA

Vitals: T: 37. 9; **HR:** 105; **BP:** 129/84; **RR:** 28; **SpO2:** 86% RA (with 3L NC → 95%)
Exam:
Gen: AOx4; paranoid speech; no acute distress
HEENT: Anicteric; no pallor; intact EOM
CV: tachypnic; not in labore; CTAB; no murmur; no rubs
Pulm: no gallop; no JVD
Abd: non distended; normal bowel sounds
Neuro: oriented; 5/5 strength in all extremities
Extremities/skin: no rash; moist skin; no lesion; no deformities; no increased tone

Notable Labs & Imaging:
Hematology:
WBC: 6.93; Hgb:10.6; HCT 32; Plt: 232.
Chemistry:
Na: 137; K: 4.6 Cl: 101; CO2: 30.3; BUN: 11; Cr: 0.95; Ca: 9.2;
AST: 38; ALT: 19; Alk-P: 64; Albumin: 3.8; Total bili: 0.4; CPK: 205; lactate 0.9; D-dimer 0.58; ammonia: 28; UA: unremarkable: AG: 6; Serum osm: 320; ABG (7.38/ 42/po2:62 on 3L); total protein: 7.3; Glucose: 158.
ETOH < 3, urine toxicology: negative
Covid;RSV; Inf; strep negative; legionella Ag: neg; Blood culture: negative
HIV positive: CD: 30/ Serum LDH & Beta-D glucan: positive
Imaging:
EKG: sinus tachycardia
CT head: no intracranial pathology
CXR: unremarkable
CTPE : GGO in both lungs; consolidation in RL lobe; no PE.
High score CIWA→ librium/diazepam => developed pulmonary edema → lasix => low grade fever => T>39 + tachycardia => ceftriaxone / azithromycin → Zosyn => rapid response desaturating <88% => IV solumedrol 125 mg => IV bactrim + prednisone + Atovaquone => Spo2 95-95% => Biktarvy(ART) started

Dx: **PCP (in the context of HIV positive)**

Problem Representation:
50 M % AMS, o/e SPO2: 86% in RA, CXR: b/l GGO ,HIV +ve, CD4 30, Beta D glucan positive.

Teaching Points (Kuchal):
1.AMS: causes MIST (Metabolic/infections/ Structural/Toxins)
2. On examination: **"Toxic handshake"**
3.Tachycardia: is it due to Thyroid storm.
4.With history of Alcohol intake: Tremors, Weight Loss, paranoid, to r/o **(i) Alcohol withdrawal Consider (ii) Toxic alcohol ingestion: if AG is high and Osm gap >20; ; (iii) Methanol Toxicity; (iv) Aspiration**
5.If patient is on O2: consider why they need it? And if they can be weaned off it; With Work history in Trucking industry: consider CO poisoning
6. **Approach to read Chest Xray : (ABCDEF) : Airway. Bones, Cardiac silhouette, Diaphragm, Extra (lines, chest tubes, ICD< Pacemaker), Fields(lungs), Rotation/exposure.**
7. GGO: infections: Various viral infections; PJP, NSIP, Vasculitis, ANti GBM, SLE, Cocaine, CMV< COVID, ARDS, Cardiogenic pul edema, Cryptogenic pneumonia, neoplastic
8. Management of PCP: categorise as to Mild/mod/severe based on PaO2, O2 gradient.