12/17/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter***: *Sam B (@samkeenanbarry)* ***Case Discussants***: *Sharmin (@Sharminzi) & Mark (@Mark_Heslin)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Julia)

CC: 51 M presents with N/V

HPI: The symptoms were ongoing for 1 week, the whole family was sick but everyone else got better (nobody tested). He had coughs so hard that he vomited as well as difficulty keeping food and fluids down. He has a fever (103,5 F) today. Previously, he had intermittent fever (~100). He feels that is getting worse and didn't notice agravating/alleviating factors.

ROS: **+ diarrhea**
- SOB, dyspnea, chills, aches

PMH: HTN, GERD, depression

Meds:
Fluoxetine
Lisinopril/HCTZ
Multivitamin
Omega 3 capsules

Fam Hx: none

Social Hx: lives w wife and 3 young kids. They have a dog. Works in an office

Health-Related Behaviors: no smoke, occasional alcohol use

Allergies: none

Vitals: T: 37C (98.6F) → 101.3 **HR**: 113 → 108 **BP**: 131/76 → **88/44** **RR**: 20 **Sat**: 97% RA → **87% (2L)**

Exam: Gen: appears fatigued and uncomfortable. Nontoxic, frequently coughing

HEENT: atraumatic, dry mucous membranes

Neck: no lymphadenopathy or meningismus **CV**: regular tachy, no murmur/gallops/rub

Lungs: **coarse throughout, decreased sounds on the left, no distress or accessory muscle use. Frequent cough**

Abd: soft, nontender, nondistended, normal sounds **Neuro**: AOx4. no focal deficits

Extremities/skin: warm, well-perfused, no edema. Skin warm, dry, no rash

Notable Labs & Imaging:

Hematology:
WBC: 4.8 (Neut 91%, lymphs 7%, monos 2%) Hgb: 15.9 Ht 45 Plt: **148** (Baseline 300)

Chemistry:
Na: 129 K: 3.8 Cl: 95 HCO3: 22 AG 12 **Cr: 1.1 → 1.87 (Decreased urine output)** BUN: 22 Glucose: 128 Ca: 8.2 Mg: 1.5 AST: nl ALT: nl UA normal **Lactate 1.7 → 2.6 /** ABG: pH 7.22 pCO2 54 Bicarb 21 pO2 113 BE -7 / Pertussis and parapertussis neg / COVID neg / **Influenza A positive** Trop 23 → 23 → 24

→ Received 2L fluids. Continued worsen → ***RR 35 BP 76/40 Sat 86% on 6L.*** *Started on Zosyn, vanc, doxy, oseltamevir, methylpredniisolone. Intubated, received central line, started on norepi*

Blood culture: positive for Pausteurella (erythromycin resistant)

→ Received Amp/Sulb x14d

Imaging:
EKG: 1-1.5 mm ST elevation in V4-V6, global cardiomyopathy
CXR: **Left upper lobe infiltrate consistent w PNA → worsening b/l infiltrates (ARDS)**
Echo: LVEF 28% w severe global RV hypokinesis
→ Encephalopathic after sedation wean (24h), had a significant delay in response time w verbal and action, not oriented, attempts to follow commands, not speaking.
CT head: normal
→ ID consult: concern for Pasteurella encephalitis → Recommend to extend the coverage for 21d Mental status recovered, EF and kidney function normalized. Still w decreased appetite, n/v, insomnia, and new tremor in hands

Dx: Pasteurella encephalitis

Problem Representation: 51 M previously healthy w confirmed Flu had rapid clinical deterioration marked by hypoxemic respiratory failure, shock, AKI, cytopenias, and worsening b/l infiltrates, consistent w post influenza bacterial pneumonia leading to ARDS, septicemia and cardiomyopathy

Teaching Points (Eyron)

Approach to Nausea & Vomiting
-Non-specific - ROS will help localize the problem - are there other GI symptoms or other symptoms involving another organ system (e.g., chest pain, cough)
-Consider: Increased ICP vs. ACS vs. Obstruction
-Gastroenteritis - would not usually present with persistent n/v
-Decreased breath sounds could relate to pleural effusion vs. other fluid - need CXR for more progress
-Viruses and bacteria (such as Legionella) can present with pulmonary + GI symptoms

Approach to Vitals
-Febrile hypotensive patient → Replete fluids
-What is the source? Check blood or sputum cultures
-Can cover for CAP with Ceftriaxone/Azithromycin + Vancomycin for MRSA
-Can get a blood gas for baseline

Approach to Labs
-Legionella classically associated with hyponatremia - though can be caused by other causes of pneumonia
-Thrombocytopenia could be 2/2 viral suppression
-DDx for thrombocytopenia: MAHA, Acute Leukemias, HIT
-Influenza can be c/b bacterial superinfection with S. Pneumo / MRSA
-Cardiac complications of flu include myopericarditis
-Start on a pressor sooner than later iso cardiomyopathy
DDx: compensated HF vs. complication of the flu vs. stress cardiomyopathy (Takotsubo)

(+) Blood Cultures
-Staph aureus - are there complications such as IE with septic emboli?
-S. Pneumonia bacteremia - rarely causes IE

Benefits of Steroids in Severe PNA
-Patients can be on steroids for severe pneumonia or stress dose steroids in shock
-Patients with severe influenza were not found to benefit from steroids

Pasteurella
-Can p/w encephalitis - treatment is to extend initial coverage to 21 days of Ampicillin-Sulbactam