1/26/26 Mainstream Monday with @CPSolvers

"One life, so many dreams" **Case Presenter**: Ravi (@rav7ks) **Case Discussants**: Maddy (@MadellenaC) & Youssef (@saklawiMD)

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

Scribing (Sana)

CC:
88 y/o F with AMS, SOB & diarrhea

HPI:
Recent flu treated with tamiflu.
Increasing SOB over last days,
residual AMS & confusion.

ROS:
Unable to give much Hx due to AMS

PMH:
Dementia
PE, GERD,
Breast Cancer
Rheumatoid arthritis

Chronic indwelling cath

Meds:
Oseltamivir [recently]
Xarelto
Prednisone 5mg for RA
Famotidine

Fam Hx: —

Social Hx: –

Health Related Behaviors:
Smoking

Allergies: —

Vitals: T: 37.8 **HR**: 92 **BP**: 103/66 **RR**: 22 **Sat**: 97% on 4L NC
Exam: Gen: drowsy, wakes to touch
CV, Abd, Neuro, MSK: normal
Pulm: coarse breath sounds in both lower lung fields
⊕ Dark urine via catheter

Notable Labs & Imaging:
Hematology:
WBC: 14 (Neutrophil predominant) Hgb: Plt: MCV:

Chemistry: RFTs: nl Na: 130 K: 2
CXR: R sided infiltrates in RUL and RLL
-> catheter changed in ED
UA: + LE, many bacteria, many WBCs, + nitrites

Blood cultures -ve
UCx: Pseudomonas
Urine Ag: + S pneumo, + Legionella

Dx: Pneumonia with UTI

->Started on cefepime and azithromycin

Problem Representation: 88 year old female presenting with AMS, SOB and diarrhea, with history of smoking and on immunosuppression for RA, on 4L O2 via NC, UCx positive for pseudomonas with positive urine antigens for *Strep. pneumo and legionella.*

Teaching Points (Seeme)

Approach to CC:
-We can focus on the complaint that is more severe.
-When we have AMS the history of dementia becomes important. We can think about MIST (metabolic, infectious, structural, toxins) for AMS.
-Diarrhea can be an associated symptom for many systemic disorders.

Approach to HPI and exam:
- test of time is a good way in pneumonia seeing response to treatment. Pneumonia is a common complication of flu. Bacterial superinfection, empyema, pulmonary embolism, and persistent cough can occur with flu, pneumonia organisms are less commonly identified.
-Chest X-ray can be falsely negative in 30 percent of cases. Diagnosis can still be made if clinical syndrome is compatible. If patients have viral infection but with worsening hypoxia and having comorbidities, antibiotics can be started but variable acc to patient's status.

Approach to lab findings, imaging and management:
-We can diagnose pneumonia when we have signs and symptoms such as leukocytosis and imaging findings consistent with pneumonia, we can treat empirically with ceftriaxone and doxycycline and monitor.
-AMS can cause aspiration and pneumonia. Strep has less resistance than S.aureus and many antibiotics seem to work.Contact tracing can help us make progress. Legionella is also worth considering when someone has diarrhea and pneumonia.
-Flu can cause immune paralysis in the airway and bacteria can grow and cause superinfections. Strep pneumo and legionella, pseudomonas co-infection requires treatment for pseudomonas as well. Smoking increases biofilm production and increases infections by pseudomonas and streptococcus pneumoniae.