



# 2//26 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Arianne Case Discussants: Glen & Rabih  
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Noah)  
CC: 15 y/o F w/ difficulty breathing

**HPI:** 4 days PTA non-exertional dyspnea and decreased appetite. No chest pain, dizziness, peripheral edema. She then had progressive worsening of dyspnea with fatigue. A couple hours prior to presentation, she had acute increase in dyspnea, dysuria, lethargy, prompting presentation to the ED.  
-> 2 weeks prior, self-limited febrile episode.  
-> 1 week prior, rash that resolved with antihistamines, and green-yellow vaginal discharge.

**PMH:**  
None

**Fam Hx:** None

**Meds:**  
None

**Health-Related Behaviors:**  
Non-smoker, no alcohol use  
2 energy drinks per day

**Allergies:** None

**Vitals:** T: 36.9 HR: 136 BP: 137/70 RR: 32 Sat: 99%  
**Exam:** Gen: awake but lethargic, opening eyes, HEENT: anicteric, pale conjunctiva, no ulcers Abd: soft, non distended CV: RRR, weak pulses Pulm: tachypneic, deep labored breathing, CTAB Neuro: E4M2V6, limited verbal response, incomprehensible speech, 5/5 strength, withdraws appropriately, no focal deficits  
**Extremities/skin:** warm extremities, no edema



### Notable Labs & Imaging:

#### Hematology:

WBC: 31,000 N 87% L 11% Hgb: 15.8 Plt: 514

#### Chemistry:

Na: 132 K: 4.3 Cl: 95 HCO3: 10 Cr: 0.9 BUN: 5.62 Glucose: 600  
ABG: pH: 6.92/pCO2: 10/pO2: 123/HCO3: 1.3 AG 35.3

### Hospital Course:

IVF, insulin drip, managed as DKA  
GCS improved to 15, admitted to the ICU  
Potassium repletion, started diet, transferred to the floor, discharged.  
  
Work-up for UTI and referral to OB-GYN for the discharged, treated with antibiotics in the ICU.

**Dx:** New onset diabetes presenting as DKA, possible infectious trigger

**Problem Representation:** 15 y/o F p/w acute AMS + hemodynamic compromise (weak pulses, tachycardia) + quiet hyperventilation with good oxygenation found to have DKA

### Teaching Points (Shriya)

- SOB in Young F: mostly something acute on chronic. Think of Atopy(Asthma), any congenital OR autoimmune or vascular pathologies(what's the underlying predisposition and what's the trigger)> different than adult(ACS,PE)
- Always think of possible retained tampon causing Toxic Shock Syndrome in a young female
- Lets focus on the present and concerning complaints over all(EYES OVER EARS)
- AMS: Is it brain(meningitis, SOL or brain through blood(systemic))
- HAGMA = toxin or DKA (also find the source of infection as trigger;threshold for LP low)
- Rapid breathing: Obstruction (asthma,anaphylaxis) or hyperventilation (sec to acidosis, ketosis)>if obtunded think of good lungs compensating> try giving insulin to correct ketones as early as possible
- 5 Is of DKA triggers: Infection, Ischemia,Ingestion or Initial Diagnosis