Approach to building Assessment and Plan

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Goal

Building Assessment/Plan(A/P) and not Mx of conditions

Case

Chief Complaint: 42 yo AAM w/ Altered mental status.

History of present illness:

- History is obtained mostly from the chart the brother at the bedside.
- Fine until afternoon about 5 hours PTA
- Found to be unresponsive by his sister about 2 hours PTA> foaming saliva around the mouth > called the EMS
- EMS gave a dose of Narcan > some improvement in mental status > unresponsive again in ER with some vomiting>another dose of Narcan but to no improvement noted.
- Patient was then intubated in the ER for drop in O2 saturation and concern regarding airway protection . Moved to ICU
- Whole-body rhythmic shaking > improved with Ativan > Keppra > propofol

ROS- none per family

Past Medical History:

- Opiate abuse

Past Surgical History:

- Appendectomy

Family History

- Mother > stroke

Allergies- none

Social History

Former Smoker: Daily

Alcohol use: *Daily*

Drug use: Opiates/Percocet

Work- sells gambling tickets

Residence -Visiting his siblings in Dallas

Prior to Admission Medications

- Synthroid 85mcg once daily .
- Tylenol #3
- Robaxin

Past Medical History:
Hypothyroid
? Pain ?

Vital Signs

Temp: 98> 101.1 **BP: 146/87** **Pulse: 118, reg**
Respi: 16>34> venti **Spo2 95>85>venti**
Weight: 114.4 kg (252 lb 3.3 oz) **BMI 32.38 kg/m²**

Physical Exam

- *General*: Young male appears older than age. Unresponsive and intubated
- *HEENT*: PERRL, sclera non-icteric. Nares patent bilaterally. Orally intubated.
- *Neck*: Trachea midline. Neck without masses or Thyromegaly, no jugular venous distension.
- *Pulmonary/Chest*: Symmetrical chest expansion without use of accessory muscles or paradoxical movements of the chest or diaphragm. Clear to auscultation throughout.
- *Cardiovascular*: Normal S1, S2, regular rate and rhythm, no murmur.
- *Abdomen*: Soft, non-distended, bowel sounds+. No guarding.
- *Extremities*: Warm, no edema. Distal pulses + bilaterally;
- *Musculoskeletal:* ~~Normal strength and tone. Unable to assess gait.~~
- *Skin:* No rashes or palpable lesions.
- *Neurological:* Unresponsive. Moving all 4 extremites> Sedated. ? Neck stiffness

WBC	15.57 (H)
HGB	15.4
HCT	45.2
MCV	89.0
Plt	248
PT	14.7
INR	1.1

Sodium: 138
Potassium: 3.4 (L)
Chloride: 106
CO2: 15 (L)
AGap: 17 (H)
Glucose: 334 (H)
BUN: 21
Creatinine: 1.45 (H)
BUN/Creat Ratio: 15.6
eGFR Non-African Amer.: 69
eGFR African Amer.: 80
Osmolality calc: 302 (H)

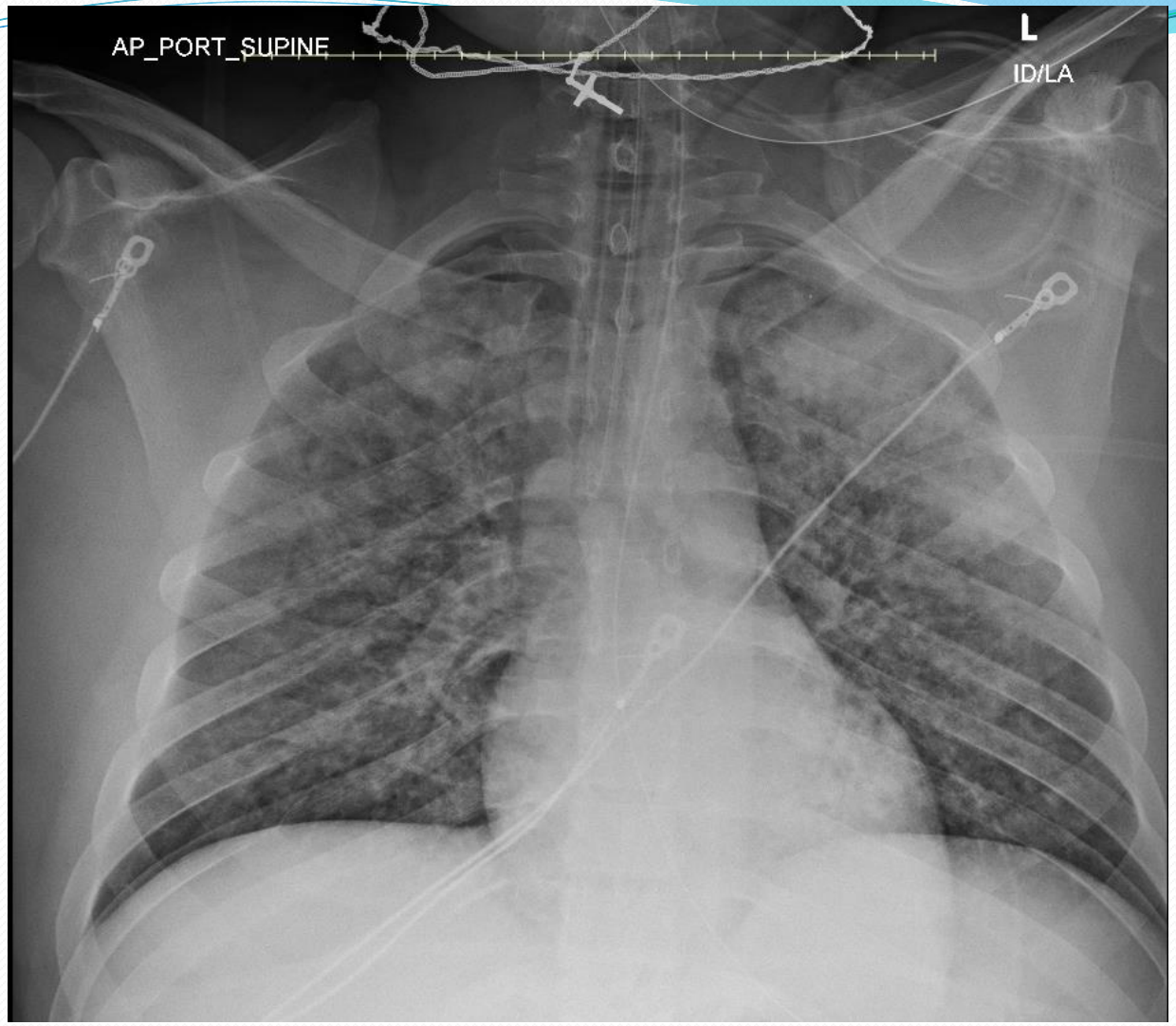
Calcium: 8.1 (L)
Mg: 1.5
Phos: 2.4

Total Protein: 6.3
Albumin: 3.0
Globulins: 3.0
A/G Ratio: 1.1
Alk Phos: 96
AST (SGOT): 31
ALT (SGPT): 35
Bilirubin, Total: 0.2

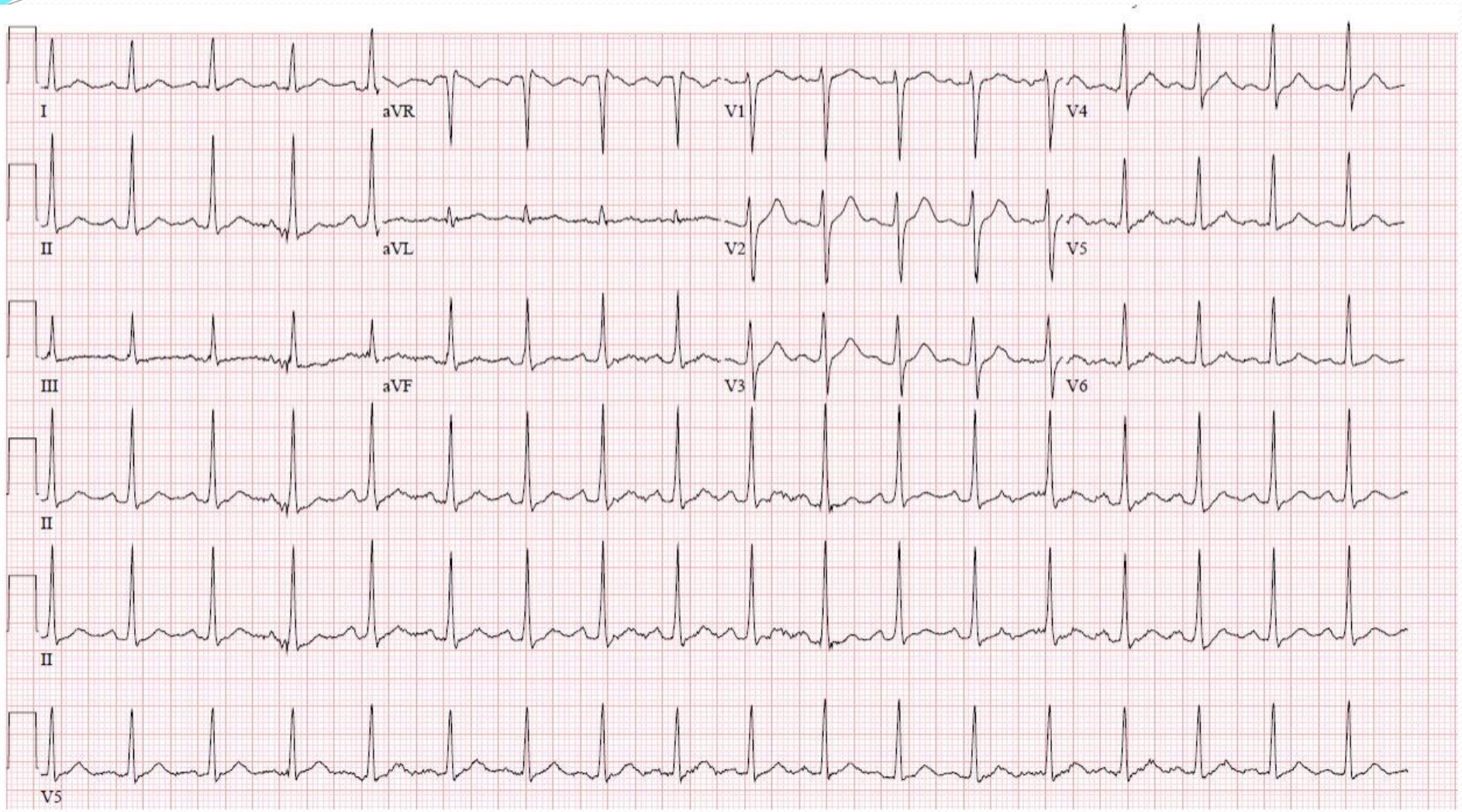
Toxicology:
Acetaminophen: <5.00
Alcohol, Ethyl: None Detected
Salicylate: <5.00

UDS:
Amphetamines, urine: Negative
Barbiturates, urine: Negative
Benzodiazepines, urine: Negative
Cannabinoids, urine: Positive (*)
Cocaine Metabolites, urine: Negative
Opiates, urine: Negative??
Phencyclidine, urine: Negative

Lactic acid- 3.3 (H)
BHB: 0.13
CRP: 7.0(H)
A1c: 5.3
BNP- 50
TSH: 0.819



Unremarkable noncontrast head CT.


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
V5

Starting point- Perspective Summary

Default

32 y.o. male w no past medical history on file . He also has no history of CVA (cerebral vascular accident) (2017), Diabetes mellitus (HCC), DVT (deep venous thrombosis) (2017), Hypertension (2013), Mild neurocognitive disorder (2017), Osteoarthritis of lumbar spine, and Seizures (HCC). who presents with

32 y.o. AAM w past medical history of hypothyroidism who presents with CP and found to have PE

Assessment/Plan(A/P) > Language to talk to someone

- not a storage with unlimited space

Problem list-Order of priority

- presenting problem
- most serious issue
- Active issue

Differential Diagnosis
> Relevant
> In order of likelihood

List :
Symptoms/Signs > diagnosis
Abnormal vitals
Abnormal Labs
PMH > All meds covered

PROBLEM list – each problem has three parts

Problem

Symptom/Signs > with D/D listed in order of likelihood

Or

Diagnosis >Any diagnostic considerations that have been ruled out

Discussion-

discussion of things that have been done so far/your thought process regarding the d/d.

interpretation of information you have > not full details e.g CXR/CT Scan or TTE.

Plan-

things to do.

Acute Hyponatremia: seems euvolemic. No neuro symptoms. Na 128 on admission.
d/d likely siadh in setting of pain. Low solute intake also possible.
Low suspicion for excess free water intake as patient denies it.
Plan- urine Na/osm, serum UA. Fluid restriction. Monitor Na q 8 hours to watch for drop or fast rise .

- Lets Build a assessment and plan for our patient.

Summary :

Problem list:

GIB prophylaxis
VTE prophylaxis
Lines
Foley
Code status:
MPOA/ ER Med contact

Reason for continued hospitalization: Critically ill, on ventilator

Anticipated length of stay: in DAYS for progress notes (MIDNIGHTS for H&P ONLY)

Expected NSOC- Home/HH/AL/IL vs LTAC vs SNU vs INPT rehab etc

32 y.o. male w unknown past medical history other than smoking and drug use who presents with altered mental status after possibly taking Percocet. Patient was Intubated in the ER due to hypoxic respiratory failure and concern for airway protection. Patient had fever and an event of seizure in ER .

H&P Problem list :

- Acute encephalopathy: metabolic > drugs, infection, hypoxia , seizure
- Respi failure > Abn CXR and encephalppathy, drugs
- Seizures> drugs
- Abn CXR – PNA. Asp vs bacterial. Edema. COVID.
- Fever:
- AKI
- AGMA/Lactic acidosis
- Hyperglycemia
- Subs abuse:

Our patient

Procalcitonin: 1.19 (H)
HIV- neg
COVID- neg

ABG> Adult Vent
FIO2, POC: 100
pH ABG POC: 7.26 (L)
pCO2 ABG POC: 44
pO2 ABG POC: 86
HCO3 ABG POC: 19.6 (L)
O2 Sat ABG POC: 95 (L)
A-a Gradient, POC: 572
P/F Ratio POC: 86
a/A Ratio, POC: 0.13

CSF
Total Volume, CSF: 14.0
Color, CSF: Colorless
Clarity, CSF: Clear
RBC, CSF: 0
WBC, CSF: 0
Total Nucleated Cells, CSF: 0
Xanthochromia, CSF: Absent
Protein, CSF: 43 (H)
Glucose, CSF: 65
West Nile Virus, IgM, CSF: Negative
Cx - NG

Final Problem list :

- Acute encephalopathy: metabolic > drugs, ~~infection~~, hypoxia , seizure.
- Acute hyp Respi failure > ~~Abn CXR~~ Aspiration and encephalopathy
- Seizures> Drug use. Neuro >No AED.
- ~~Abn CXR –~~ Aspiration PNA> COVID -ve.
- Fever: resolved
- AKI- pre renal. Resolved w IVF.
- AGMA/Lactic acidosis- 2/2 seizures/AKI
- Hyperglycemia- a1c 5.3
- Subs abuse: counselling.