

Case Study - Knupp

78yo Male presents to ED 14:15 Day 1. ED with SOB at rest since this am. Home O2 and CPAP not helping. Pt cold hands tremoring and anxious. Recent HX Started on Restoril 2 days ago, full Dialysis day before, 2 months ago started on Brilinta and Digoxin stopped.

Clinical findings: Vitals stable, BS 160, BUN 58, CREAT 5.5, NA 136, K+ 4.7, BNP >5000. CXR impression: (1) Interstitial opacities may represent pulmonary edema and/or Pneumonitis; (2) Small right pleural effusion. Neg. Cardiac enzymes, +EXT Edema.

14:39 Day 1 admit to OBV in ICU. DX: ESRD, Acute pulm edema, SOB. Orders IV Vancomycin for possible PNA.

H&P Day 1: At this point in time, we are going to dialyze this patient. It would be a relatively shorter dialysis. He has end-stage cardiomyopathy, multiple hospital admissions. Blood pressure is good.

Discharge orders 0850 Day 2: If after Dialysis feeling ok, d/c home with renal diet, activity as tolerated. Pt officially D/C 12:25 Day 2.

ANSWER: Outpatient with observation services. Course was unknown at the time of the order; however pt did require monitoring, nursing services, dialysis, IV antibiotics (In case of PNA) and use of a bed and had not had a procedure that included those services. Attending physician would have needed input from another provider (Nephrology) before determining what additional services this pt might require.