

Case Study #2 – Hirsch

An 84yo male who lives alone presents to the ED with a non-syncopal fall. Past medical/surgical history is significant for HTN, CAD, CHF, ESRD, pacemaker, DM. BP 113/57, HR 104, RR 16, Temp 98.1 and Pulse ox 91% on room air. PE:HEENT: WNL PERRLA, EOMI. ENT: clear. CV: S1S2, no S3S4, no murmur. RESP: Clear. GI: WNL EXT: No edema or cyanosis. CNS: CN II-XII grossly intact. No focal neurological deficits WBC 4.6, H/H 10/32, sodium 139, potassium 4.5, Bun/Cr 23/3.7 and glucose 128. CT of pelvis shows non-displaced pubic rami fractures.

He has a dx of s/p fall and pubic rami fracture. He received IV hydration, symptomatic pain relief with IV Fentanyl (once), Ortho consult with no order for surgery, PT/OT consults and resumption of some at-home medications. He has pain with ambulating. There is documentation of an anticipated two midnight stay.

PLACEMENT: Observation. Patient does not require hospital care with po analgesia and no surgery planned. Placement is the problem.