



South 13 in Covid Pandemic

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Background

- Grew up in Porter, WA (unincorporated Grays Harbor County)
- PLU Class of 2010
- Medical College of Wisconsin Class of 2014
- University of Massachusetts Emergency Medicine Residency Class of 2017
- Joined TECP 2017 in Tacoma covering Tacoma General Hospital, Allenmore Hospital, and Covington Medical Center





Case Presentation

- Chief complaint
- History of Present Illness
- Review of Systems
- Physical Exam
- Assessment/Plan



Case: 91 Female presenting with cough

- CC: cough
- Triage note: 91 F coming from facility with AMS (altered mental status) and cough
- HPI: History obtained by EMS due to patient confusion
 - 91 F hx of Alzheimer's disease with baseline non verbal status, presenting from facility with cough, worsening confusion, and unwillingness to eat. Facility states symptoms for three days. Family notified by facility and en route. POLST arrives with patient.
- Review of systems: Unable due to mental status (typically reviews by organ system- think the checkbox form you fill out at the doctor's office)



Exam

- General
- Head
- ENT
- Neck
- Cardiovascular
- Lung
- Extremities
- Neuro
- Psychiatric
- Skin

VITAL SIGNS

Heart Rate: 125

Respiratory Rate: 35

Blood Pressure: 90/55

Oxygen Saturation: 88% room air

Temperature: 95.8 F



Exam

- General: appears stated age, critically ill appearing,
- Head: atraumatic
- ENT: mucous membranes dry, trachea midline
- Neck: No venous distension, moves neck freely
- Cardiovascular: **tachycardic, systolic murmur heard**
- Lung: **tachypneic with poor effort, crackles in bases, poor air movement**
- Neuro: opens eyes spontaneously, moves to pain, incomprehensible sounds. Does not move R leg
- Psychiatric: intermittently agitated, difficult to assess due to mental status/confusion
- **Skin: right foot cold to the touch with blackening appearance of toes**
- Extremities/pulses: absent pulses right foot and popliteal

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DIFFERENTIAL DIAGNOSIS

- Pneumonia, Covid-19, congestive heart failure exacerbation, sepsis, urinary tract infection, acute limb ischemia, rhabdomyolysis, cellulitis, necrotizing soft tissue infection



Initial steps

- Diagnostics: blood tests, urine, chest x-ray, bedside ultrasound right leg
- Therapeutics: IV fluids, antibiotics

Decision Trees





Decision Trees

- Sick or not sick?
- Diagnostics necessary?
- Admit or discharge?
- Assess aggressiveness of care

ACUTE LIMB ISCHEMIA

Sign of acute ischemia 5Ps



pain
pale
pulseness



Parasthesia
paralysis



Case wrap up

- Daughter presented within 15 minutes of patient arrival
 - Notified of the critical nature of mother's presentation. Discuss therapeutics necessary with advanced stage of limb ischemia. Now showing signs of systemic (whole body) disease as response. Is actively dying- how aggressive or invasive should we be in the case?
 - Daughter chooses to focus on comfort. Admission orders placed
 - Delay in admission 2/2 covid precautions, visitor restrictions



Case wrap up

- Patient ultimately passed 12 hours later. Daughter able to be at bedside for duration of mothers life including the time of her death



POLST

- Physician Orders for Life Sustaining Treatment
- Includes:
 - Patient wishes for resuscitation (Full, Partial, Comfort Measures Only)
 - Medical interventions
 - Antibiotics
 - Artificial feedings



Reflections

- Sometimes the best part of my job is not saving a life, but rather to allow someone to die
 - Giving permission to families and attempt to reduce the guilt involved with grieving process



Impact of COVID-19 Precautions on Accelerated Dementia in Geriatric Patients

- Original topic
 - Lack of interaction from families, friends, communal dining and events leads to increased depression and ultimately increased memory challenges among geriatric patients
- More of a research project/paper hypothesis is all experiential
- Some of my discussion was quite cynical- something I have to fight on a daily basis



Other Covid-19 musings/considerations

- Professional: Fear, anxiety, guilt
- Business: furloughs, mandatory reduction of hours, sick leave, responsibility to others
- Rural areas: lack of high speed internet affecting communities



Vocational thoughts

- What I enjoy about what I do
- What I have challenges with
- PLU preparation- marathon training

Thank You



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