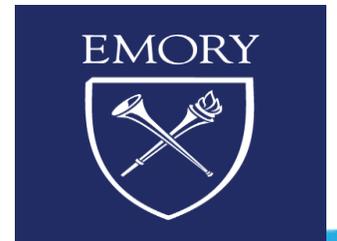


“I can’t get over this cold!”

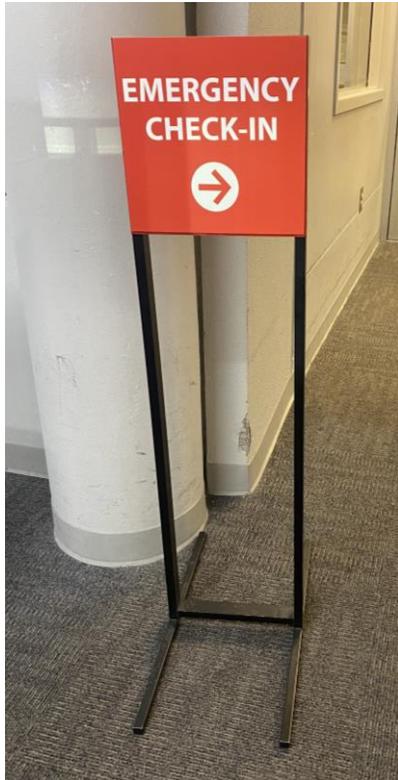
Anna Q. Yaffee, MD, MPH

Associate Professor, Emergency Medicine

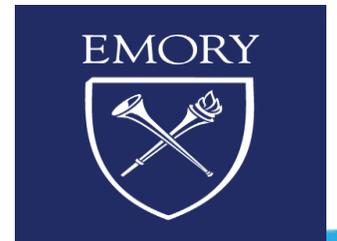
Emory University School of Medicine



HPI: 39yo M with trouble breathing

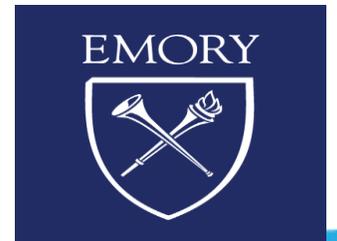


- Began 1-2 weeks ago
- Seen at urgent care, not tested but told he had “the flu”
- Continued symptoms: cough, substernal chest pain, sore throat, difficulty breathing, nausea/vomiting, diarrhea

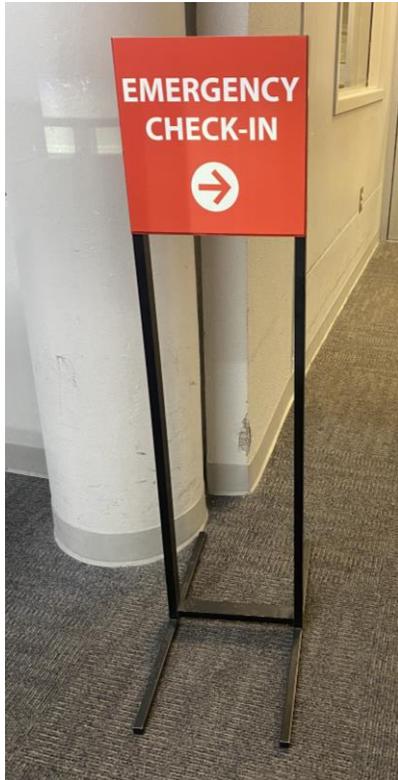


What additional information do you need?

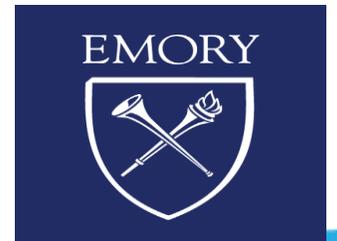
- Known sick contacts?
- Vaccination status for COVID and flu?
- History of immobilizations?
- History of trauma?
- Past medical history?
- Travel or other exposures?



HPI: 39yo M with trouble breathing



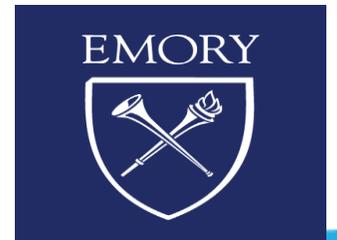
- Past Medical History: psoriasis on ustekinumab
- Social History: no known sick contacts, no travel or exposures, works in public service
- Vaccination history: Up to date on current flu and COVID-19 vaccines



Physical Exam

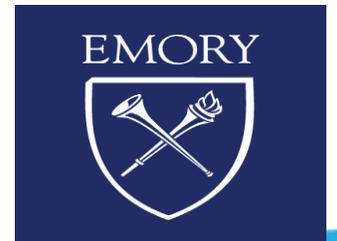


- Vital Signs: Temp 39.1C, HR 123, BP 104/74, SpO2 88% on RA, RR 26
- General: ill appearing
- HEENT: posterior oropharynx clear
- CV: tachycardic but regular
- Resp: tachypneic with accessory muscle use, coarse breath sounds and rhonchi throughout all lung fields
- GI: soft, nontender
- Neuro: AOX3, no focal deficits
- Extremities: no swelling



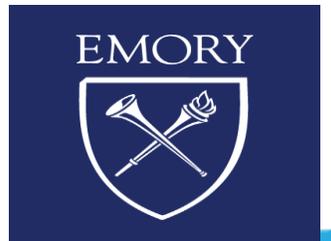
Next Steps – First take a deep breath yourself!

- What type of room does this patient require?
- Do you need PPE?
- What type of bedside resources does this patient require?
- What is the likely patient disposition?



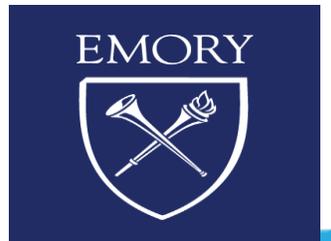
Next Steps – Consider differential diagnosis

- Infectious: viral pneumonia (COVID-19, Influenza, RSV), bacterial pneumonia, empyema/pleural effusion, tuberculosis
- Pulmonary: Pulmonary embolism, pneumothorax, reactive airway disease exacerbation
- Cardiac: heart failure exacerbation, acute coronary syndrome

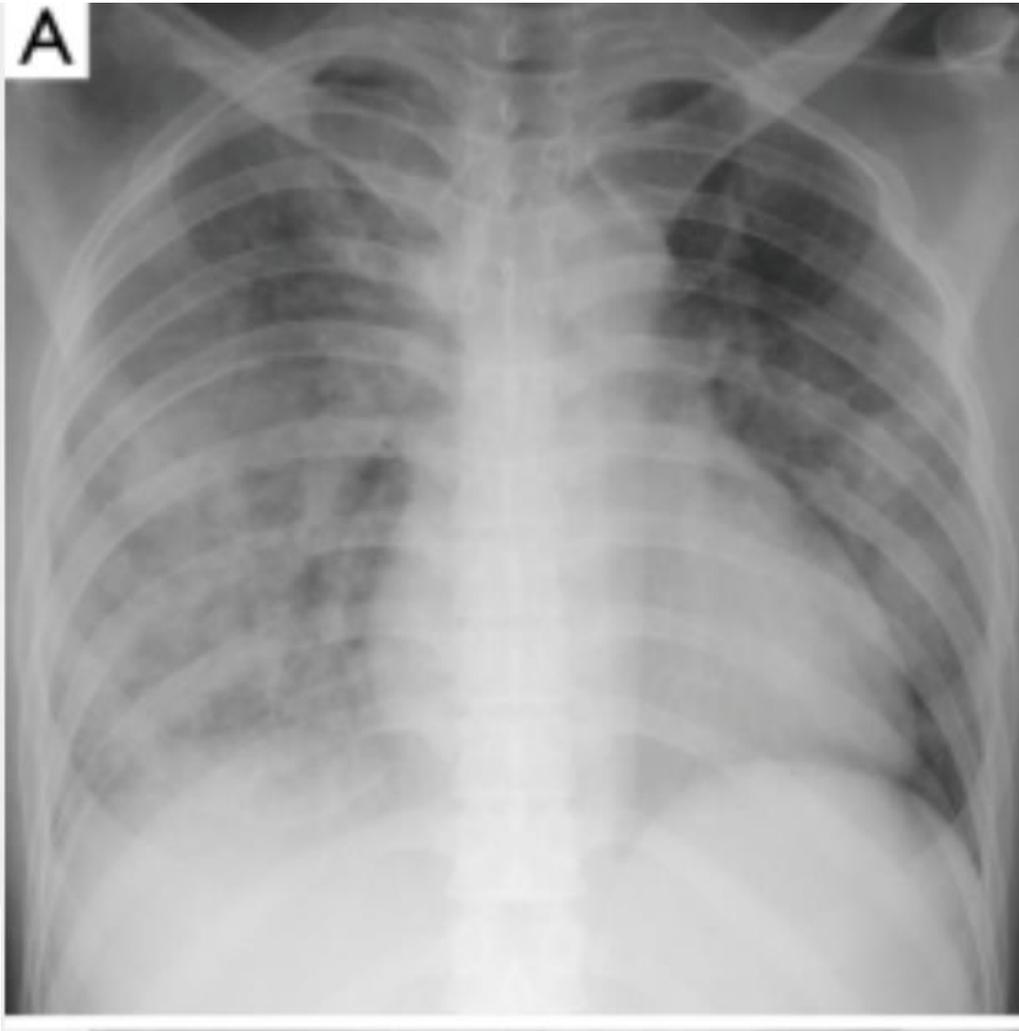


Next Steps – Resuscitate your patient

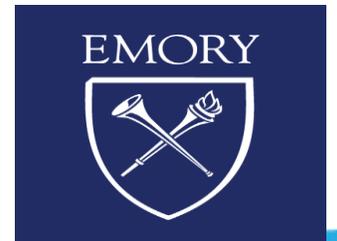
- Primary respiratory issue
 - O2 by NC vs nonrebreather
 - Escalate to BiPAP as needed
- IV fluids, antipyretics, empiric antibiotics
 - *What would you want to cover?*
- Work up – labs (CMP, CBC, ABG, viral swab, cardiac), chest xray



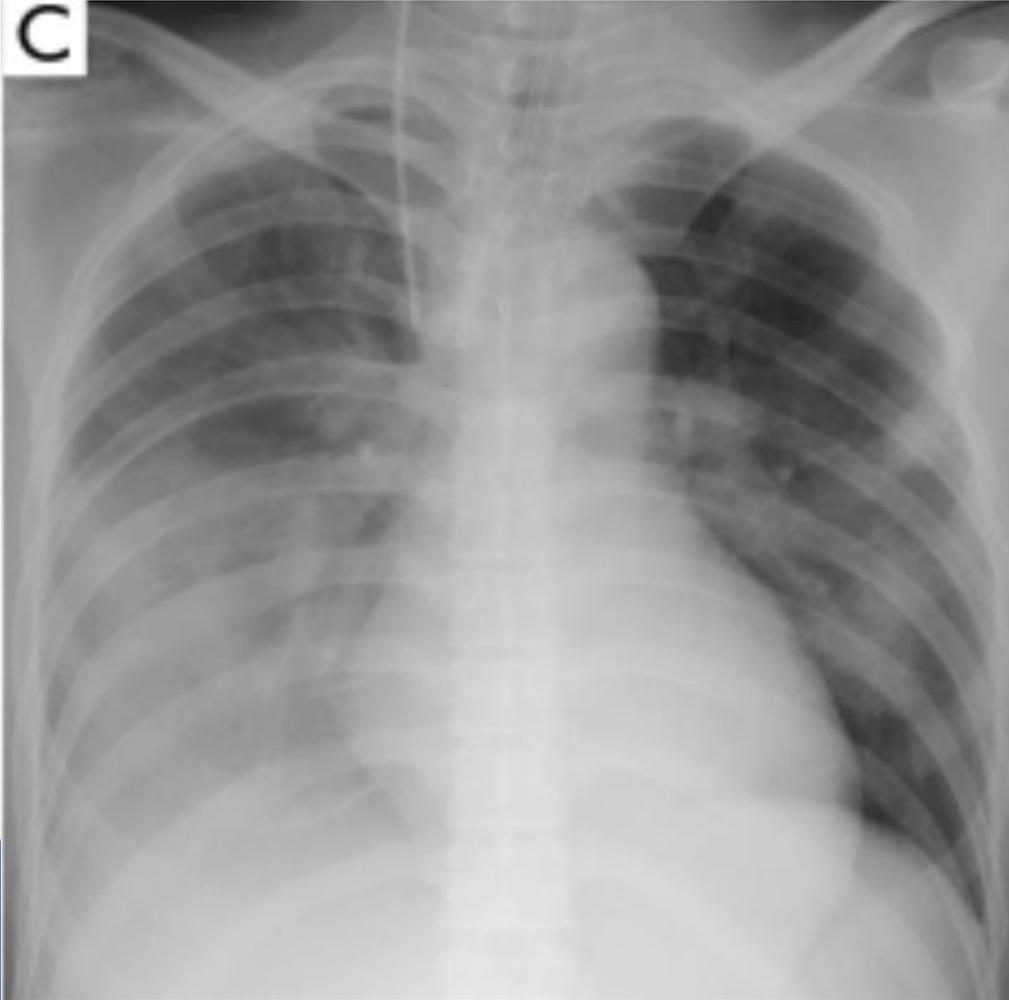
ED Work Up



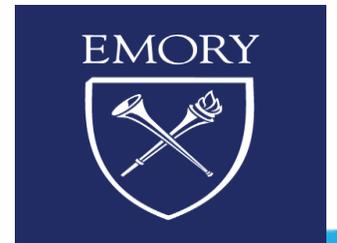
- WBC 34.4
- ABG 7.31/PCO₂ 34/PaO₂ 78
- Cr 1.59
- Lactate 2.4
- CXR as shown
- Repeat VS: T 37.1C, HR 112, BP 100/68, SpO₂ 91% on BiPAP, RR 24
- Admit to ICU - *What type of isolation precautions?*



Patient boarding in ED: RN “He looks worse”

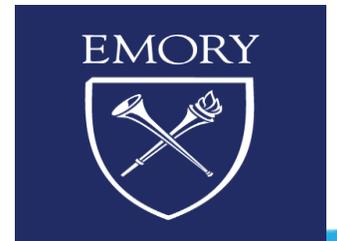


- Repeat VS: T 37.1C, HR 112, BP 100/68, SpO2 91% on BiPAP, RR 24
- Decision made to intubate given ongoing hypoxia
- Repeat CXR
- Next steps if patient does not improve
 - Additional intensive care escalation
 - Consider ECMO (*who do you call?*)



Lab calls – Biofire + *Mycoplasma pneumoniae*

- What now?
 - Consult ID for guidance on antibiotics given local sensitivities and severe infection
 - Continue supportive respiratory and intensive care
- Isolation precautions?
- Anyone else you need to call?



Unusual presentation of a common pathogen

- Why did this happen?
- Anything that could have prevented this?
- How do you counsel the family?

