

#31139309

Chief Complaint

Cough for four days. **RT LOWER LOBE PNEUMONIA**

Original HPI

Patient is a 82-year-old Vietnamese speaking female, past medical history of hypertension who presents to the ED with chief complaint of cough x4 days. Patient reports symptoms progressed slowly worsening over the last few days. Also endorses shortness of breath. Per ED report, patient followed up with her primary care doctor yesterday who prescribed a course of promethazine DM, allergy medicine and azithromycin. Patient reports taking 2 tablets then was unable to sleep due to persistent coughing. In the emergency department, vitals notable for BP 152/60, heart rate 89. Oxygen saturation in the ED noted to drop to 89%. Patient placed on 2 L nasal cannula, saturating 96%. Labs notable for WBC 12.4 with left shift, lactic acid 1.5, sodium 131. Review of chest x-ray demonstrating right lower lobe pneumonia. Given persistent worsening symptoms, elevated white blood cell count and increased oxygen requirement, patient was admitted for further management of acute hypoxic respiratory failure in inpatient setting after failing outpatient management.

Revised HPI

The patient is an 82-year-old Vietnamese-speaking female with a history of hypertension who presented to the emergency department with a four-day history of cough.

Per ER documentation, the cough had been present for four days and was progressively worsening, associated with mild shortness of breath, productive yellow sputum, and chills, without reported fever.

Per ER documentation, the patient had followed up with her primary care physician the day prior and was prescribed azithromycin, promethazine DM, and allergy medication; however, after taking two doses of azithromycin, her symptoms worsened and she was unable to sleep due to persistent coughing.

Emergency department monitoring demonstrated oxygen desaturation to 89%, requiring supplemental oxygen via 2 liters nasal cannula to restore oxygen saturation to normal levels.

Chest x-ray demonstrated increased markings and infiltrates in the right lower lobe, concerning for right lower lobe pneumonia.

Laboratory evaluation revealed leukocytosis with neutrophilic predominance, with a white blood cell count of 12.4 and neutrophils at 77.7%, consistent with an acute bacterial infectious process.

Blood cultures were obtained, empiric broad-spectrum intravenous antibiotics with Zosyn were initiated, and the patient was admitted for further inpatient care.

In summary, this is an elderly patient with progressive respiratory symptoms, failure of outpatient therapy, documented hypoxemia requiring supplemental oxygen, laboratory evidence of bacterial infection, and imaging findings consistent with right lower lobe pneumonia, warranting inpatient-level management.