

Chief Complaint: FLU LIKE SYMPTOMS

HPI:

82 years old Male , presents to the ER with chief complaint of cough shortness breath x1 week. Chronically ill-appearing male sent from nursing home due to concern for cough and shortness breath for the past week denying any findings underlying chest pain fever chills abdominal pain nausea vomiting or diarrhea O2 sat 90% on room air brought in by paramedics placed on 4 L satting 98%. Patient looks to be chronically ill weak. DNR DNI.

Past Medical History: reviewed with patient and nursing documentation

Past Surgical History: reviewed with patient and nursing documentation

Social History: reviewed with patient and nursing documentation

ACTIVE HOME MEDS:

Home Meds List: No Home Medications Available

ALLERGIES: SEAFOOD, CHOCOLATE, SHRIMP, No Known Drug Allergies

ROS: Complete review of systems is negative except as noted above

PHYSICAL EXAM:

VITALS:

Date/Ti me	BP (mm/ Hg)	BP Position/ Site	He art Rat e	Re sp	Te mp (°C)	Te mp (°F)	SPO 2%	Heig ht (cm)	Heig ht (in)	Weig ht (kg)	Weigh t (lbs/o zs)	BM I
12/17/2 025 13:51	106/6 5	LYING/R ARM	70	19	37 OR AL	98.6 OR AL	95 %	170. 2 cm	67 in	70.3 1 kg	155.0	24. 28

Const/General:

Patient is well-developed and well-nourished, moderate distress

HENT:

Head is normocephalic and atraumatic without stepoffs or tenderness
External ear canals are clear, TMS are intact. No erythema noted, no bulging of TM, oropharynx is clear without erythema, no exudates, uvula is midline, moist mucous membranes, nares clear
cervical nodes non-palpable
EYES:
EOMI, PERRLA, lids and conjunctivas are normal, no redness, normal visual acuity, no scleral icterus
NECK:
Neck is supple, no midline cervical spine pain, no meningeal signs including negative brudzinski and kerning's sign
RESP:
Normal respiratory effort, CTA bilateral, no wheezing rales or rhonchi noted, no accessory muscle use
CV:
increased work of breathing with underlying subsequent tachypnea noted mild-to-moderate, crackles bilateral lobes left worse than right
GI:
Non-tender on exam, normal active bowel sounds
No rebound or guarding and no peritoneal signs on exam, no distension noted
No masses or pulsatile masses
GU: Deferred per patient
MS: Patient moving all extremities without difficulty, no obvious deformities noted or tenderness
NEURO:
baseline mentation. CN 2-12 intact. No motor deficits. Sensation is intact and equal bilaterally.

MEDICATION AND NURSING ORDERS:

Ordered/Completed Meds List

Ordered Medication: SALINE FLUSH:10 ML, **Dosage:** 10 ML, **Route:** IV PUSH, **Frequency:** X1, **Status:** active

LAB RESULTS:

Lab Results:

Test: CULTURE BLOOD, **Collected:** 12/17/2025 14:15
Test: WBC, **Results:** 10.10, **Collected:** 12/17/2025 14:00
Test: RBC, **Results:** 4.14 L, **Collected:** 12/17/2025 14:00
Test: HEMOGLOBIN, **Results:** 13.1 L, **Collected:** 12/17/2025 14:00
Test: HEMATOCRIT, **Results:** 39.3 L, **Collected:** 12/17/2025 14:00
Test: MCV, **Results:** 95, **Collected:** 12/17/2025 14:00
Test: MCH, **Results:** 32, **Collected:** 12/17/2025 14:00
Test: MCHC, **Results:** 33.3, **Collected:** 12/17/2025 14:00
Test: RDW, **Results:** 14.3, **Collected:** 12/17/2025 14:00
Test: PLATELETS, **Results:** 277, **Collected:** 12/17/2025 14:00
Test: MPV, **Results:** 8.0, **Collected:** 12/17/2025 14:00
Test: NEUT, **Results:** 81.5 H, **Collected:** 12/17/2025 14:00
Test: LYMPH, **Results:** 8.0 L, **Collected:** 12/17/2025 14:00

Test: MONO, Results: 9.2, Collected: 12/17/2025 14:00
Test: EOS, Results: 1.0, Collected: 12/17/2025 14:00
Test: BASO, Results: 0, Collected: 12/17/2025 14:00
Test: NRBC, Collected: 12/17/2025 14:00
Test: METAMYELOCYTE, Collected: 12/17/2025 14:00
Test: MYELOCYTE, Collected: 12/17/2025 14:00
Test: PROMYELOCYTE, Collected: 12/17/2025 14:00
Test: BLASTS, Collected: 12/17/2025 14:00
Test: ATYP LYMPH, Collected: 12/17/2025 14:00
Test: #NEUT, Results: 8, Collected: 12/17/2025 14:00
Test: #LYMPH, Results: 1, Collected: 12/17/2025 14:00
Test: #MONO, Results: 1, Collected: 12/17/2025 14:00
Test: #EOS, Results: 0, Collected: 12/17/2025 14:00
Test: #BASO, Results: 0, Collected: 12/17/2025 14:00
Test: MANUAL DIFF, Results: NOT INDICATED, Collected: 12/17/2025 14:00
Test: RBC MORPH, Results: NOT INDICATED, Collected: 12/17/2025 14:00
Test: GLUCOSE, Results: 128 H, Collected: 12/17/2025 14:00
Test: BUN, Results: 49 H, Collected: 12/17/2025 14:00
Test: AGE, Results: 82, Collected: 12/17/2025 14:00
Test: CREATININE., Results: 1.7 H, Collected: 12/17/2025 14:00
Test: GFR., Results: 40, Collected: 12/17/2025 14:00
Test: BUN/CREAT, Results: 29, Collected: 12/17/2025 14:00
Test: SODIUM, Results: 141, Collected: 12/17/2025 14:00
Test: POTASSIUM, Results: 3.2 L, Collected: 12/17/2025 14:00
Test: CHLORIDE, Results: 103, Collected: 12/17/2025 14:00
Test: CO2, Results: 30, Collected: 12/17/2025 14:00
Test: ANION GAP, Results: 8, Collected: 12/17/2025 14:00
Test: CALCIUM, Results: 7.7 L, Collected: 12/17/2025 14:00
Test: TOTAL BILI, Results: 1.0, Collected: 12/17/2025 14:00
Test: TOTAL PROTEIN, Results: 6.9, Collected: 12/17/2025 14:00
Test: ALBUMIN, Results: 3.5, Collected: 12/17/2025 14:00
Test: SGOT/AST, Results: 50, Collected: 12/17/2025 14:00
Test: ALKALINE PHOS, Results: 75, Collected: 12/17/2025 14:00
Test: SGPT/ALT, Results: 79 H, Collected: 12/17/2025 14:00
Test: COVID-19 ANTIGEN RAPID TEST, Collected: 12/17/2025 14:00
Test: CULTURE BLOOD, Collected: 12/17/2025 14:00
Test: INFLUENZA A B ANTIGEN (SWAB), Collected: 12/17/2025 14:00
Test: LACTIC ACID, Results: 1.4, Collected: 12/17/2025 14:00
Test: PROTIME, Results: 23.2 H, Collected: 12/17/2025 14:00
Test: INR, Results: 2.1 H, Collected: 12/17/2025 14:00
Test: SEND TO PHARMACY, Results: YES, Collected: 12/17/2025 14:00
Test: TROPONIN I, Results: <0.012, Collected: 12/17/2025 14:00
Test: LACTIC ACID, Collected:

RADIOLOGY RESULTS:

I independently reviewed and interpreted the X-ray as Suspect bilateral lobe infiltrates pneumonia

EKG INTERPRETATION: I have ordered an EKG on this patient and it interpreted by myself to be normal sinus rhythm at a rate of 71 beats per minute, there are no findings of acute STEMI or acute ischemic disease. There are no findings or indications of abnormal life-threatening arrhythmia.

RHYTHM STRIP: I have ordered a telemetry rhythm strip and it is interpreted by myself to be normal sinus rhythm at a rate of 76 beats per minute.

ED COURSE AND MEDICAL DECISION MAKING:

82-year-old male chronically ill presents the ER for shortness breath and cough patient initially O2 sats 88-90% on room air while here in the ER requiring supplemental oxygen. Patient to be significantly weak, there is poor effort with underlying cough cough itself looks persistent during time in the ER chest x-ray showing concerns for bilateral lower lobe pneumonia. Labs otherwise unremarkable including normal white count not significantly elevated lactic acid given comorbidities illness and findings underlying hypoxia on examination recommend admission the hospital for evaluation plan of care. Septic orders were ordered at this time along with IV fluids IV antibiotics patient has been guarded condition all questions appropriately here in the ER.

Critical Care Time: 31 minutes

Critical Care Note: Due to patient's critical care presentation to the ER, I was required to immediately assess the patient in order to stabilize their current care. I had to also reassess the patient multiple times during the entirety of the patient's stay in the ER. Due to the complexity of the patient's care, extended amount of time was spent on coordinating with higher level of care, patient and family discussion on patient's plan of care, and contacting appropriate physicians for consultation in this patient's care.

The critical care time is excluding teaching and any procedural time dedicated to this patient.

DIAGNOSTIC IMPRESSION:

1. hypoxia, acute respiratory failure, pneumonia suspected, URI