Admission Date	Admission Type	Discharge Date	Discharge Disposition
Apr 25, 2012	Emergency	Apr 30, 2012	Home

Consults electronically signed by Moheet, Asma M, MD at 4/26/2012 2:47 PM

Author:	Moheet, Asma M, MD	Service:	(none)	Author Type:	Physician
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PATIENT:
MED REC:
CEDARS-SINAI MEDICAL CENTER DICTATOR: ASMA M. MOHEET, M.D.

CONSULTATION - NEUROLOGIC CRITICAL CARE
04/25/2012

CONSULTANT: Asma M. Moheet, M.D.

REFERRING PHYSICIAN: Chirag G. Patil, M.D.

REASON FOR CONSULTATION: Intracranial mass.

History is obtained in discussion with the patient's boyfriend and review of neurosurgery history and physical exam dated 04/25/2012 of Dr. Kurtis Birch.

HISTORY OF PRESENT ILLNESS: The patient is a 28-year-old woman who was brought to the ER today by her boyfriend after presenting to the ER prior to this with multiple severe headaches. She has a past medical history significant for chronic migraines. The patient did have nausea and photophobia, but no meningeal signs. After IV pain medication, on prior ER evaluation, the patient felt better and was discharged home. However, the patient had continued progressive headaches and over the past three days was reporting some left hand weakness. This morning the patient's boyfriend found the patient altered, unresponsiveness with urinary incontinence. On upon arrival in the ER, the patient was obtunded and was intubated for airway protection. There is some concern for seizure activity in the left hand and left leg. CT scan of the brain was ordered and demonstrated evidence of a space-occupying lesion in the right frontal lobe. Neurosurgery was consulted emergently and took the patient to the OR for resection and decompression of this lesion. The patient was subsequently admitted to the neurosurgical ICU.

PAST MEDICAL HISTORY: Migraines.

PAST SURGICAL HISTORY: Left knee ACL surgery.

FAMILY HISTORY: Unable to obtain at the time of this evaluation.

SOCIAL HISTORY: The patient is unresponsive and unable to provide a social history.

MEDICATIONS: Reportedly, include Imitrex and Zofran.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS:
Is unable to be obtained at the time of this evaluation due to the patient's altered mental status.

PHYSICAL EXAMINATION:
VITAL SIGNS: At the time of my evaluation are as follows: Temperature 37.6, heart rate 50s to 70s, respiratory rate 13 to 20s, blood pressure 113 to 130 over 50s to 70s, oxygen saturation 98% to 100% on assist-control, tidal volume of 450, FIO2 of 40%, and respiratory rate of 12.
GENERAL: The patient is intubated.
CARDIOVASCULAR: Regular rate and rhythm.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Soft, nontender and nondistended with normal bowel sounds.
EXTREMITIES: No gross deformities.

NEUROLOGIC EXAMINATION: MENTAL STATUS: The patient opens eyes spontaneously and to stimulation.
MOTOR: On holding sedation, the patient is quite agitated and moving bilateral lower extremities and right upper extremity with good strength. Left upper extremity appears to be 4/5 and the other extremities appear to be full strength, 5/5. The patient is not consistently following commands.
CRANIAL NERVES: Bilateral pupils are he has noted to be 4 to 2 mm equal with brisk reaction to light. Extraocular movements cannot be assessed. There is no obvious facial asymmetry. The patient has spontaneous gag and cough with the ET tube in place.

DIAGNOSTIC DATA: Laboratory studies are reviewed and noted per electronic medical record. Most recently, the patient has had an ABG with a pH of 7.43, pCO2 of 35, pO2 of 233 and a bicarb of 23.

Laboratory studies are reviewed from this afternoon at approximately 12:30 and notable for elevated white count at 21.3. Chemistry panel is significant for a sodium of 143 which is markedly elevated from admission sodium of 128 a few hours prior to this. In addition, the patient has a potassium of 3.4, chloride of 108, bicarb of 22, BUN of 15, creatinine of 0.8 and a total calcium of 10.6 with a free calcium of 1.41.

Imaging studies are reviewed and significant for a CT scan that demonstrates a 4.5 cm space-occupying lesion in the right frontal lobe with an apparent fluid level. This appears to have ring enhancement and surrounding edema on post contrast studies.

Chest x-ray was reviewed and notes evidence of a central line coiled in the innominate vein with no evidence of pneumothorax.

ASSESSMENT: The patient, is a 28-year-old woman with a past medical history of migraines who presents with three days of left hand symptoms and worsening of mental status this morning with urinary incontinence as well as possibility of left-sided focal seizure activity. She is postop day zero for mass resection for which pathology is pending at the time of this dictation.

PLAN:
1. Intracranial mass, cerebral edema and coma: Admit patient to NSICU. Continue q. One-hour neuro checks in NSICU. Continue Decadron. Continue Ancef perioperatively. Continue Keppra for seizure prophylaxis. If the patient does not have improvement in the exam, would consider EEG to evaluate for subclinical seizure

activity.
2. CARDIOVASCULAR: Maintain systolic blood pressure 100 to 140.
3. PULMONARY: Maintain the patient on assist-control ventilation. Wean vent as tolerated, once the patient is able to have sedation weaned. Proceed with CPAP trial and wean toward extubation.
4. GI: OG tube in place. Will start tube feeds, pending consideration of imminent extubation.
5. FEN/RENAL: Hyponatremia on admission: Currently, the patient's sodium has rebounded with the most recent sodium of 143 on laboratory testing. Hypertonic saline as been discontinued. We will continue q. six-hour sodiums to evaluate the patient's sodium to ensure it does not rise further. We will start electrolyte repletion protocol. We will maintain even volume status.
6. HEMATOLOGY/INFECTIOUS DISEASE: The patient is currently afebrile. The patient has a leukocytosis. This is most likely related to stress demargination. Will continue to follow. Will continue high dose steroids.
7. ENDOCRINE: Start insulin sliding scale while on high dose Decadron.
8. ICU PROPHYLAXIS. Continue Pepcid for GI prophylaxis. Per neurosurgery, start the patient on subcutaneous heparin on April 27. In the interim, will continue the patient on sequential compression devices.

Greater than 45 minutes in critical care time were spent in evaluation and management of this critically ill and highly unstable patient.

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ASMA M. MOHEET, M.D.

AMM/MEDQ/511340236 D: 04/25/2012 T: 04/25/2012 JOB#: 228337

cc: Chirag G. Patil, M.D.

Electronically Signed By Moheet, Asma M, MD on 4/26/2012 2:47 PM