

Patient ID: 002348-A **Date of Admission:** 2147-11-16 **Date of Birth:** 2093-05-22 **Gender:** Female **Age:** 54

Chief Complaint:

- Severe headache, neck stiffness, and altered mental status.

Major Surgical or Invasive Procedures:

- Central line placement on 2147-11-16 for IV access and medication administration.
- Arterial line placement on 2147-11-16 for continuous blood pressure monitoring.

History of Present Illness:

A 54-year-old female with a complex medical history including recent diagnosis of ulcerative colitis, being treated with 6-mercaptopurine and high-dose prednisone (40-60 mg daily), presents with a severe, new onset headache, neck stiffness, and altered mental status, including rigors and aphasia. Symptoms began abruptly at 1 AM on 2147-11-16. The patient was in significant distress upon arrival at the ED. Initial evaluation showed a temperature spike to 104.4°F, suggestive of systemic infection or inflammation. Neurological examination was concerning for meningitis or encephalitis, prompting immediate diagnostic and therapeutic interventions.

Past Medical History:

- Chronic back pain, with negative MRI.
- Osteopenia, previously managed with Fosamax, discontinued by the primary care provider.
- Leg pain and paresthesias, suggestive of peripheral neuropathy.
- History of hiatal hernia.
- Asthma, managed with inhaled corticosteroids.
- Type 2 Diabetes Mellitus, managed with metformin.
- Hypertension, controlled with lisinopril.

Social History:

- Non-smoker.
- Occasional alcohol use.
- No illicit drug use reported.

Family History:

- Brother with prostate cancer.

- Another brother with severe arthritis.
- Mother with history of stroke.
- Father with coronary artery disease.

Vital Signs at Admission:

- Temperature: Initially 96.5°F, spiked to 104.4°F (rectal).
- Heart Rate: 91 bpm, later increased to 110 bpm.
- Blood Pressure: Initially 112/54 mmHg, later decreased to 100/50 mmHg.
- Respiratory Rate: Elevated at 22 breaths per minute.
- Oxygen Saturation: 100% on room air.

Laboratory Results:

- Lumbar puncture indicating elevated opening pressure (24 cm H₂O) and elevated WBC count in CSF (10 mg/L), suggestive of infection.
- Elevated CRP and ESR, indicating systemic inflammation.
- Blood cultures taken, pending results.

Imaging:

- Head CT revealed attenuation within the subcortical white matter of the right medial frontal lobe, suggesting possible ischemia or inflammation.
- MRI of the brain ordered to further evaluate the extent of brain involvement and to rule out abscess formation.

Treatment and Medications:

- Initiated broad-spectrum IV antibiotics for suspected bacterial meningitis.
- Continued 6-Mercaptopurine and prednisone for ulcerative colitis, with consideration for adjustment based on infectious disease consultation.
- Administered IV fluids for hydration and to support blood pressure.
- Antipyretics for fever management.
- Neurology and infectious disease consultations requested for comprehensive management.

Complications:

- Potential sepsis indicated by fever, tachycardia, and hypotension.
- Risk of cerebral edema due to infectious process, necessitating close monitoring and possible intervention.

Allergies:

- No known drug allergies (NKDA).

Plan:

- Close monitoring in the ICU for vital signs, neurological status, and response to antibiotics.
- Adjust antibiotic therapy based on culture results and infectious disease recommendations.
- Manage blood glucose levels and blood pressure to prevent further complications.
- Neurology to assess for signs of increased intracranial pressure or seizures.
- Gastroenterology to evaluate the impact of current infectious status on ulcerative colitis management and potential need for alternative treatments.