

PROGRESS NOTES,4/16/01: Patient in respiratory failure, on ventilator, Request airline placement, Airline tracing good,4/17/01: S: Sedated, intubated in NAD, O: Lungs: Increased bibasilar crackles, A/P: Respiratory arrest, pneumonia, COPD exacerbation, Replete K+, continue IVABX, start TPN, decrease TV, review ABGs,4/18/01: S: Sedated and intubated, one episode NSVT, O: ABGs: 7.38/67/86/97,4/19/01: S: Sedated and intubated, scant blood material from NGT, A/P: 1) Respiratory arrest, 2) Exacerbation COPD - gastro cath NG aspiration,4/20/01: S: Intubated/sedated, w/ NAD, O: Pulmonary - Increase L. basilar inspiration, A/P: Pneumonia, Respiratory arrest, COPD exacerbation, New onset low grade fever, D/C NGT - suspect sensitivity,4/20/01: O: Preliminary blood culture gram + cocci, Dr. A called w/ result, no orders left, Pt. afebrile, WBC increase to 20.2, ABGs improved from 4/20/01, pt. noted to have less secretions, Last night had 8 beat run V-Tach,4/21/01: O: Chest x-rays reviewed - improvement in lower lobe infiltrate, Gram + cocci in blood, Sputum H. influen. gram neg.,4/22/01: Patient up in chair, Decrease ventilator support, Preliminary blood cultures - Staph coag neg 1 of 2,4/23/01: S: Awake, alert in NAD, O: Temp 99.8, Blood cultures: Staph coag. Neg. 1 of 2, A/P: Pneumonia, respiratory arrest, COPD, Continue wearing tirals,4/24/01: S: Awake and alert, +N, refused trach, If fails extubation, will allow for reintubation