The CLINICAL chart No. 11006 YEAR 2016

Name: River

Name: Vincenza

Sex: F

Date of Admission: 08/03/2016

Problem/Diagnosis to Acceptance: Respiratory Failure in pts with muscular dystrophy

Date of Birth: 26/09/1943

Nationality: Italian

Place of Residence: Cava de tirreni

Via: Quadruviale

Region: Campania

Summary remote pathological case history : Myotonic Dystrophy of Steinart. Diabetes Mellitus. Arterial Hypertension. Cerebral Ischemia in 2013 and operated bypass graft-femoral in 2012.

In home therapy with : Rivanoxaban, Rosuvastatin, Metformin, Gliclazide, Randazina, Telofer Escitalopram

The Clinical Diary Daily

SURNAME: FIUMENOME:VINCENZAN.CLINICAL:

|  |  |  |
| --- | --- | --- |
| 2016-03-08 | 15:20 | It holds the patient coming from the Emergency room, already ventilated with garat (PS18, PEEP5, FiO2 0.6).  It monitors blood pressure 77/40, heart rate 113, SPO2 Irrilevabile. It airs in the vacuum and proceed to intubation endo-tracheal intubation after the administration of Midazolan 8mg, Fentanest 100 3, Nimbex 10mg. Tube diameter 7.5 cuffiato. You inhale from the TET secretions, is put in mechanical ventilation with VT of 450ml, FR 14, FIO2 0.6.  Proceed to incanulamento the Central Vein Internal Jugular right-guided, and required the Chest x-ray.  You Have to crop evirologici. You set therapy. Patient calmed, connected to the VAM(VT 450, FR 14, PEEP5, FIO2 0.6).  EGA control: Ph 7,12 PCO2 51, PO2 65, SO2 84, HCO-3 16,6, LAT 2,1. Change ventilation parameters. Administering insulin actrapid 5 UISC, Bicarbonate NAHCO3 50 mEq in correction inf.K .  Apiretica. Diuresis Valid. PA 80/60. FC 86. SPO2 92. |
| 2016-03-08 | 18:30 | Consulting in the field of cardiology echocardiogram.  Examination difficult to perform for the high acoustic impedance.  You are viewing the cardiac chambers of normal size.  Assessed the SIV normocinetico.  Not assessable in another.  Inferior Vena cava small and normocollassate with the inspirio.  S. ANCELLO |
| 2016-03-08 | 18:45 | Pcs sedated with midazolam is connected to the VAM. You run EGA control Ph 7.30, PCO2 39, PO2 63, SPO2 89, LAT 3.1, HCO3 19.2 .  Places you in the mode pressimetrica PS15, PEEP5, FR 14, FIO2 0.8.  Apiretica, Diuresis Valid.  Persists hemodynamic tending to hypotension. Start dopamine infusion 5 3/kg/min. Correction BE and blood sugar. |
| 2016-03-08 | 19:30 | Persists severe hypotension. PA 60/30, HR 80, SPO2, 93, PVC 4. Voluven 500ml infusion and begin infusion of norepinephrine 0.2 3/kg/min. |
| 2016-03-08 | 19:45 | Hemodynamically stable with blood pressure of 115/80, FC, 89, SPO2 94. Switch dopa-Norepinephrine with 0.2 3/kg/min. |
| 2016-03-08 | 23:00 | ILLEGIBLE |

The Clinical Diary Daily

SURNAME: FIUMENOME:VINCENZAN.CLINICAL:

|  |  |  |
| --- | --- | --- |
| 2016-03-09 | 06:30 | ILLEGIBLE |
| 2016-03-09 | 10:00 | Constant ventilation A/C. haemodynamic Instability. |
| 2016-03-09 | 12:30 | Sedation M/V. Ventilation/C. SAO2 97%, HR 120/min.  Continuous Norepinephrine 0.10 3i.c. -> PA 103/71 |
| 2016-03-09 | 15:00 | Continuous observation and ventilation |
| 2016-03-09 | 18:10 | Clinical conditions stackable FC 108 bpm, PA 90/70 mmhg. Supported by Norepinephrine 0.10 3/kg/min. SPO2 100%.  Running EGA control Ph 7.47, PCO2 23, PO2 95, LAT 2.6, HCO3 - 16.7, SO2 98%. Persists high blood sugar(234 mg/dl), start continuous infusion of insulin(50 IU in 50 ml SF -> 1ml/h).  G. Swept |
| 2016-03-09 | 22:00 | Clinical condition, which remains critical. Instability cardiovascular in spite of the therapy cardioattiva with hypotension, arrhythmic, and tachycardia. Diuresis to lower limits. Mechanical ventilation in the mode UNPLAYABLE with good adaptation and parameters of spirometry is acceptable. Continue the therapy in progress. |
| 0016-03-10 | 01:20 | Clinical condition stationary. Persists instability cardiovascular with diuresis to lower limits. |

The Clinical Diary Daily

SURNAME: FIUMENOME:VINCENZAN.CLINICAL:

|  |  |  |
| --- | --- | --- |
| 0016-03-10 | 07:15 | Clinical condition, which remains critical PA 78/57, FC 106 min, Diuresis, and contracted with PVC 10cm H2O, and the balance sheet And/V positive. Practice Lasix 2 Fi.v. and continue the remaining therapy. Mechanical ventilation as previously. Withdrawals for EGA and blood tests. |
| 0016-03-10 | 08:30 | Control EGA: PH 7.48  Instability cardiovascular. |
| 0016-03-10 | 12:00 | Constant ventilation A/C PAMAX ` 90, HR 98/min(Continuous Norepinephrine). |
| 0016-03-10 | 18:00 | Continues VAM PA 100/50, HR 90/min. Apiretica. SO2 99%. Infusion of Norepinephrine in the course. C. T. |
| 0016-03-10 | 19:00 | Stick glycemic 73mg\*100. Suspends insulin infusion. |
| 0016-03-10 | 20:30 | Clinical condition critical. Instability cardiovascular. To monitor the FC 89bpm, PA 84/55 mmHg, SPO2 100 I. You increase the dosage of Norepinephrine to 0.8 3/kg/min.  Diuresis the 500cc class this morning. Mechanical ventilation mode PCV. Sticks 61. Administering glucose BI 250ml. Control EGA. |
| 0016-03-10 | 21:25 | PH 7.46 |

The Clinical Diary Daily

SURNAME: FIUMENOME: VINCENZAN.CLINICAL:

|  |  |  |
| --- | --- | --- |
| 0016-03-10 | 23:00 | Clinical conditions critical, haemodynamic instability in spite of continuous infusion of Norepinephrine |
| 0016-03-11 | 07:10 | Patient sedated with Midazolam and Ultiva. Connected to VAM in the PCV. EGA: Ph 7.43, PCO2 34, PO2 92, HCO3 - 22.6, Well, -1.7, SAO2 97%.  Hemodynamics supported by Norepinephrine 0.10 3/kg/min. FC 59 bpm, PA 120/79, SPO2 100%. Diuresis 1400ml/24h. BE/U 1500. Apiretica. |
| 0016-03-11 | 11:00 | Constant ventilation A/C PAMAX90, HR 98/min(Continuous Norepinephrine). Sedation with Ultiva. Ventilation, A/C, SAO2 99%, HR 94/min. PA 80/55(without Norepinephrine). Diuresis to lower limits. |
| 0016-03-11 | 18:30 | general stationary.Change in cardiorespiratory parameters with respect to the previous control. Diuresis 600ml. Apiretica. Continuous sedation and VAM with the previously described procedures. |

Population Data

Patient: The River VincenzaSesso: FData Birth: 26/09/1943

Common Residence: CAVA DE TIRRENIComune Birth: CAVA DE TIRRENI

Address address: VIA QUADRUVIALECodice Tax: FMIVCN43P66C361E

Data Request

Applicant : ????Request: 201600218032

Regulator: ????The Applicant: RUSSOLILLO ANNA

Request Date: 08/03/2016

Status: FORWARDED

Level Of Urgency: Urgent

Performance : Anesthetic

Question ????:

Severe Respiratory Failure

History:

Diabetes Mellitus. Muscular dystrophy. Outcomes of cerebral stroke. Pcs Enticed. Comes in PS for Fever and suspected outbreaks broncopneumonico. This morning she has taken on the advice of the doctor Ciproxin and Paracetamol.

Objective Examination:

????????? chest, gasps spread.

|  |  |
| --- | --- |
| 14:10 | Patient dispnoica, defedata in the form of ventura 50%. To monitor 119/65 PA, FC, 98, SPO2 81. All EOT MV markedly reduced in the field of pulmonary right-with noise, clutter, from secretions in both lung fields. In waiting for the x-ray examination and haematological and biochemical arranges to NIV with mask facial in PS after the vision of EGA. The family waiver to transport in an intensive care unit for IOT. |
|  | After going through the RX of the thorax and control of the EGA proposes the hospitalization in an intensive care unit with the consent of the family. Clinical conditions that can be superimposed to the previous control in spite of non-invasive ventilation with CHARS: PS18, PEEP6, FIO2 0.6. Proceed to the Hospitalization in an intensive care unit |

Report of acceptance of health services

Name : River Vincenza age: 72 years

Date and place of birth : 26/09/1943CAVA DE TIRRENI

Residence: CAVA DE TIRRENI

Address: VIA QUADRUVIALE

Phone: 089 442426Codice Tax: FMIVCN43P66C361E

Main Problem : Dyspnea

Mode Of Access: Ambulance 118.Posted by: Intervention C. O. 118

Code Mission: 201600218032

Data TRIAGE: 08/03/2016 - 13.06 Visit Date : 08/03/2016 - 13.08 release Date: 08/03/2016 - 15.13

Medical History: Diabetes Mellitus. Muscular Dystrophy. Outcomes of Cerebral Stroke. Pcs who cannot leave the bed comes in PS for fever and suspected outbreaks broncopneumonico. This morning she has taken on the advice of the doctor Ciproxin and Paracetamol.

Objective examination: the Patient Dispnoica, chest, gasps spread.

Tests: E. C. G. at rest

Therapy Practiced: FUROSEM SAL\*IMIV 20 MG 5F 2ML qty: 2 F via: EV

Findings: 08/03/2016 13.35 Blood Pressure: 120/85Saturazione O2 (%) : 52

CAVA DE TIRRENI, 08/03/2016Il Doctor: ??????

Clinical N°: 201600218032

U. O. Operating the Patient 10404020101 ANAESTHESIA AND intensive care P. O. 04

U. O. Host: 10404020101 ANAESTHESIA AND intensive care P. O. 04

Patient treatment: 1, ORDINARY Type of lodging: 2 URGENT HOSPITALIZATION

Date of Admission: 08/03/2016Ora of Hospitalization: 15.13

The burden of Hospitalization: 1 Patient to the total load of the SSN

Reason of Hospitalization(only D. H.):

POPULATION DATA

Name: RIVER VINCENZAil: 26/09/1943Sesso: F

Born in CAVA DE TIRRENI

Residence: VIA QUADRUVIALE

City: CAVA DE TIRRENICAP: 84013Provincia: SA

Citizenship: 100 ITALIAASL Membership: 150207

Tax Code: FMIVCN43P66C361ECodice Regional:

Origin Patient: 1 WITHOUT PROPOSAL DIMedico Doctor:

Professional position:Title of study: the ELEMENTARY school LICENSE OR

Family member or person of reference: -

Diagnosis of acceptance: WHEEZING BREATHLESSNESS

Acceptance: 08/03/2016 13:37:46

|  |  |  |  |
| --- | --- | --- | --- |
| Blood glucose | 360\* | mg/dl | 60 100 (performed on serum) |
| Azotemia | 30 | mg/dl | 10 - 50 |
| Creatinine | 0.92 | mg/dl | 0.50 1.10 |
| The sodium in the Serum | 139 | mEq/L | 135 147 |
| Potassium in the Serum | 3.8 | mEq/L | 3.5 5.1 |
| Chlorine in the Serum | 102 | mEq/L | 98 - 108 |
| Serum calcium | 9.7 | mg/dl | 8.4 10.2 |
| Magnesium in the Serum | 1.8 | mg/dl | 1.7 2.8 |
| AST | 21 | U/I | 10 42 |
| ALT | 11 | U/I | 10 40 |
| C. P. K. | 26 | U/I | 26 140 |
| Troponin | Serum | 0.03 | ng/ml | 0 0.05 |
| Myoglobin Serum | 80.5 | pg/mL | 14.3 65.8 |
| BNP | 48.0 | Pg/ml | Up to 100 |
| CK-MP/Mass | 3.60 | Ng/ml | Up to 6.3 |
| Prothrombin time Time | 15.80 | Seconds |  |
| I. N. R. | 1.58\* |  | 0.8 1.2 |
| PT ratio | 1.55 |  | 0.8 1.20 |
| aPTT | 36.4 | Seconds |  |
| aPTT Ratio | 1.26 |  | In therapy 1.50 2.50 |

Acceptance: 08/03/2016 13:37:46

|  |  |  |  |
| --- | --- | --- | --- |
| Complete blood count |  |  |  |
| Red Blood Cells | 4390000,00 | /ál | 4.000.000 6.000.000 |
| Hemoglobin | 13.3 | g/d | 12 16.5 |
| Hematocrit | 43.0 | % | 37 52 |
| Vol.Mean Corpuscular | 98.1\* | fL | 80 98 |
| Conc.Emogl.Corp. Average | 30.2 | Pg | 27 -32 |
| Conc.Emogl.Corp Media | 30.8 | g/dl | 32 36 |
| RDW | 17.75 | % | 11.5 14.5 |
| Platelets | 218000 | /ál | 150.000 400.000 |
| Vol-Platelet Average | 9.2 | fL | 7 11 |
| PDW | 20.1 | % | 9 17 |
| PCT | 0.201 | % |  |
| White Blood Cells | 18390.00 | /ál | 4.000 10.800 |
| G. neutrophils % | 81.8 | % | 37 80 |
| G. neutrophils | 15.04 | 10^3/ál |  |
| Lymphocytes % | 12.2 | % | 10 50 |
| Lymphocytes | 2.25 | 10^3/ál |  |
| Monocytes % | 4.9 | % | 0 13 |
| Monocytes | 0.89 | 10^3/ál |  |
| G. eosinophils % | 0.2 | % | 0 7 |
| G. eosinophils | 0.04 | 10^3/ál |  |
| G. basophils % | 0.9 | % | 0 2,5 |
| G. basophils | 0.17 | 10^3/ál |  |

Acceptance: 09/03/2016 08:07:27

|  |  |  |  |
| --- | --- | --- | --- |
| Urine culture | The 20,000 CFU/ml mixed Flora |  |  |
| Broncoaspirato | Negative |  |  |
| Candida | Torulopsis Glabrata |  |  |

Acceptance: 10/03/2016 07:32:09

|  |  |  |  |
| --- | --- | --- | --- |
| Blood glucose | 133\* | mg/dl | 60 100 (performed on serum) |
| Azotemia | 43 | mg/dl | 10 - 50 |
| Creatinine | 1.10 | mg/dl | 0.50 1.10 |
| The sodium in the Serum | 4.6\* | mEq/L | 135 147 |
| Potassium in the Serum | 3.1 | mEq/L | 3.5 5.1 |
| Chlorine in the Serum | 148 | mEq/L | 98 - 108 |
| Serum calcium | 7.9\* | mg/dl | 8.4 10.2 |
| Phosphorus in the serum | 0.7\* | mg/dl | 2.4 4.7 |
| Total Bilirubin | 1.86 \* | Mg/dl | Up to 1.2 |
| AST | 28 | U/I | 10 42 |
| ALT | 11 | U/I | 10 40 |
| LDH | 435 | U/I | 266 500 |
| C. P. K. | 50 | U/I | 26 140 |
| Amylase total | 118 | U/I | 25 125 |
| Albumin | 2.0\* | Gr/dl | 3.5 5.0 |
| Prothrombin time | Insufficient sample |  |  |
| PTT | Insufficient sample |  |  |
| Fibrinogen | Insufficient sample |  |  |
| Antithrombin | Insufficient sample |  |  |

Acceptance: 10/03/2016 07:31:54

|  |  |  |  |
| --- | --- | --- | --- |
| Complete blood count |  |  |  |
| Red Blood Cells | 3690000.00 | /ál | 4.000.000 6.000.000 |
| Hemoglobin | 11.2 | g/dl | 12 16.5 |
| Hematocrit | 34.0 | % | 37 52 |
| Vol.Mean Corpuscular | 92.1 | fL | 80 98 |
| Cont.Emoglob.Corp.Average | 30.4 | Pg | 27 32 |
| RDW | 33.0 | % | 11.5 14.5 |
| Platelets | 176000 | /ál | 150.000 400.000 |
| Vol-Platelet Average | 10.0 | fL | 7 11 |
| PDW | 21.3 | % | 9 17 |
| PCT | 0.176 | % |  |
| White Blood Cells | 15970.00\* | /ál | 4.000 10.800 |
| G. neutrophils % | 92.5\* | % | 37 80 |
| G. neutrophils | 14.78 | 10^3/ál |  |
| Lymphocytes % | 5.6\* | % | 10 50 |
| Lymphocytes | 0.89 | 10^3/ál |  |
| Monocytes % | 1.5 | % | 0 13 |
| Monocytes | 0.23 | 10^3/ál |  |
| G. eosinophils % | 0.1 | % | 0 7 |
| G. eosinophils | 0.02 | 10^3/ál |  |
| G. basophils % | 0.3 | % | 0 2,5 |
| G. basophils | 0.05 | 10^3/ál |  |

Acceptance: 10/03/2016 23:20:59

|  |  |  |  |
| --- | --- | --- | --- |
| Complete blood count |  |  |  |
| Red Blood Cells | 3360000,00 | /ál | 4.000.000 6.000.000 |
| Hemoglobin | 10.3 | g/dl | 12 16.5 |
| Hematocrit | 31.3 | % | 37 52 |
| Vol.Mean Corpuscular | 93.3 | fL | 80 98 |
| Cont. Emoglob. Corp. Average | 30.5 | Pg | 27 - 32 |
| Conc | 32.7 | g/dl | 32 36 |
| RDW | 17.42 | % | 11.5 14.5 |
| Platelets | 152000 | /ál | 150.000 400.000 |
| Vol-Platelet Average | 9.4 | fL | 7 11 |
| PDW | 20.8 | % | 9 17 |
| PCT | 0.143 | % |  |
| White Blood Cells | 15820.00\* | /ál | 4.000 10.800 |
| G. neutrophils % | 93.4 | % | 37 80 |
| G. neutrophils | 14.77 | 10^3/ál |  |
| Lymphocytes % | 3.8\* | % | 10 50 |
| Lymphocytes | 0.60 | 10^3/ál |  |
| Monocytes % | 1.6 | % | 0 13 |
| Monocytes | 0.25 | 10^3/ál |  |
| G. eosinophils % | 0.6 | % | 0 7 |
| G. eosinophils | 0.09 | 10^3/ál |  |
| G. basophils % | 0.7 | % | 0 2,5 |
| G. basophils | 0.10 | 10^3/ál |  |

Acceptance: 11/03/2016 07:44:36

|  |  |  |  |
| --- | --- | --- | --- |
| Blood glucose | 155\* | mg/dl | 60 100 (performed on serum) |
| Azotemia | 35 | mg/dl | 10 - 50 |
| Creatinine | 0.77 | mg/dl | 0.50 1.10 |
| The sodium in the Serum | 4.0\* | mEq/L | 135 147 |
| Potassium in the Serum | 3.0 | mEq/L | 3.5 5.1 |
| Chlorine in the Serum | 150 | mEq/L | 98 - 108 |
| Serum calcium | 114\* | mg/dl | 8.4 10.2 |
| Phosphorus in the Serum | 7.5\* | mg/dl | 2.4 4.7 |
| Total Bilirubin | 1.99\* | Mg/dl | Up to 1.2 |
| AST | 20 | U/I | 10 42 |
| ALT | 9\* | U/I | 10 40 |
| LDH | 451 | U/I | 266 - 500 |
| C. P. K. | 39 | U/I | 26 140 |
| Amylase Total | 59 | U/I | 25 125 |
| Troponin | Serum | 0.04 | ng/ml | 0 0.05 |
| Myoglobin Serum | 80.4\* | pg/mL | 14.3 65.8 |
| BNP | 109.0\* | Pg/ml | Up to 100 |
| CK-MP/Mass | 4.00 | Ng/ml | Up to 6.3 |
| Albumin | 1.8\* | Gr/dl | 3.5 5.0 |
| Prothrombin time Time | 19.50 | Seconds |  |
| I. N. R. | 1.96\* |  | 0.8 1.2 |
| PT ratio | 1.91\* |  | 0.8 1.20 |
| aPTT | 29.7 | Seconds |  |
| aPTT Ratio | 1.02 |  | In therapy 1.50 2.50 |
| Fibrinogen Clauss | 670.0\* | Mg/dL | 150 450 |
| ATII | 49\* | % | 80.0 120.0 |

Acceptance: 11/03/2016 07:44:36

|  |  |  |  |
| --- | --- | --- | --- |
| Complete blood count |  |  |  |
| Red Blood Cells | 3240000.00\* | /ál | 4.000.000 6.000.000 |
| Hemoglobin | 9.9\* | g/dl | 12 16.5 |
| Hematocrit | 30.1\* | % | 37 52 |
| Vol.Mean Corpuscular | 92.9 | fL | 80 98 |
| Cont.Emoglob.Corp.Average | 30.4 | Pg | 27 - 32 |
| Conc | 32.8 | g/dL | 32 - 36 |
| RDW | 17.31 | % | 11.5 14.5 |
| Platelets | 155000 | /ál | 150.000 400.000 |
| Vol-Platelet Average | 9.0 | fL | 7 11 |
| PDW | 19.9 | % | 9 17 |
| PCT | 0.140 | % |  |
| White Blood Cells | 15630.00\* | /ál | 4.000 10.800 |
| G. neutrophils % | 93.7\* | % | 37 80 |
| G. neutrophils | 14.65 | 10^3/ál |  |
| Lymphocytes % | . | % | 10 50 |
| Lymphocytes | 0.73 | 10^3/ál |  |
| Monocytes % | 1.1 | % | 0 13 |
| Monocytes | 0.18 | 10^3/ál |  |
| G. eosinophils % | 0.4 | % | 0 7 |
| G. eosinophils | 0.06 | 10^3/ál |  |
| G. basophils % | 0.1 | % | 0 2,5 |
| G. basophils | 0.02 | 10^3/ál |  |

08/03/201616:38:01

Type Specimen: Arterial

|  |  |  |
| --- | --- | --- |
| pH : | 7.12 |  |
| pCO2: | 51 | mmHg |
| pO2: | 65 | mmHg |
| Na+: | 135 |  |
| K+: | 2.9 |  |
| Ca++: | 1.11 |  |
| Glu: | 343 | mg / |
| Lat: | 2.1 |  |
| Hct: | 42 | % |
|  |  |  |
| Ca++(7.4): | 0.99 |  |
| HCO3- : | 16.6 |  |
| HCO3std: | 14.7 |  |
| TCO2: | 18.2 |  |
|  | -12.7 |  |
| BE (B): | -12.7 |  |
| SO2c: | 84 | % |
|  | 13.0 | g / |
| A-aDO2: | -------- | mmHg |
| paO2: | -------- | mmHg |
| paO2/ pAO2: | -------- |  |
| RI: | -------- |  |

09/03/201607:43:18

Type Specimen: Arterial

|  |  |  |
| --- | --- | --- |
| pH : | 7.32 |  |
| pCO2: | 37 | mmHg |
| pO2: | 76 | mmHg |
| Na+: | 141 | mmo |
| K+: | 3.7 |  |
| Ca++: | 1.09 |  |
| Glu: | 241 | mg / |
| Lat: | 2.1 |  |
| Hct: | 45 | % |
|  |  |  |
| Ca++(7.4): | 1.05 |  |
| HCO3- : | 19.1 |  |
| HCO3std: | 19.8 |  |
| TCO2: | 20.2 |  |
|  | -7.0 |  |
| BE (B): | -6.4 |  |
| SO2c: | 94 | % |
|  | 14.0 | g / |
| A-aDO2: | 377 | mmHg |
| paO2: | 453 | mmHg |
| paO2/ pAO2: | 0.17 |  |
| RI: | 5.0 |  |

10/03/201607:20:26

Type Specimen: Arterial

|  |  |  |
| --- | --- | --- |
| pH : | 7.48 |  |
| pCO2: | 30 | mmHg |
| pO2: | 50 | mmHg |
| Na+: | 144 | mmo |
| K+: | 3.0 |  |
| Ca++: | 1.11 |  |
| Glu: | 128 | mg / |
| Lat: | 2.6 |  |
| Hct: | 32 | % |
|  |  |  |
| Ca++(7.4): | 1.15 |  |
| HCO3- : | 22.3 |  |
| HCO3std: | 24.3 |  |
| TCO2: | 23.2 |  |
|  | -1.2 |  |
| BE (B): | -0.6 |  |
| SO2c: | 88 | % |
|  | 9.9 | g / |
| A-aDO2: | ---------- | mmHg |
| paO2: | ---------- | mmHg |
| paO2/ pAO2: | ---------- |  |
| RI: | ---------- |  |

11/03/201607:05:36

Type Specimen: Arterial

|  |  |  |
| --- | --- | --- |
| pH : | 7.43 |  |
| pCO2: | 34 | mmHg |
| pO2: | 92 | mmHg |
| Na+: | 140 | mmol / L |
| K+: | 2.8 |  |
| Ca++: | 1.11 |  |
| Glu: | 150 | mg / |
| Lat: | 1.7 |  |
| Hct: | 33 | % |
|  |  |  |
| Ca++(7.4): | 1.12 |  |
| HCO3- : | 22.6 |  |
| HCO3std: | 23.9 |  |
| TCO2: | 23.6 |  |
|  | -1.7 |  |
| BE (B): | -1.3 |  |
| SO2c: | 97 | % |
|  | 10.2 | g / |
| A-aDO2: | 222 | mmHg |
| paO2: | 314 | mmHg |
| paO2/ pAO2: | 0.29 |  |
| RI: | 2.4 |  |

10/03/201621:25:42

Type Specimen: Arterial

|  |  |  |
| --- | --- | --- |
| pH : | 7.46 |  |
| pCO2: | 32 | mmHg |
| pO2: | 176 | mmHg |
| Na+: | 146 | mmol / L |
| K+: | 2.9 |  |
| Ca++: | 1.15 |  |
| Glu: | 109 | mg / |
| Lat: | 1.6 |  |
| Hct: | 27 | % |
|  |  |  |
| Ca++(7.4): | 1.18 |  |
| HCO3- : | 22.8 |  |
| HCO3std: | 24.5 |  |
| TCO2: | 23.8 |  |
|  | -1.0 |  |
| BE (B): | -0.7 |  |
| SO2c: | 100 | % |
|  | 8.4 | g / |
| A-aDO2: | --------- | mmHg |
| paO2: | --------- | mmHg |
| paO2/ pAO2: | --------- |  |
| RI: | --------- |  |