Teaching Fast and Slow: A Framework and Toolkit for Clinical Reasoning Development on the Wards

SMALL GROUP ACTIVITY #1: JIM'S HISTORY AND PHYSICAL

HPI: 50 yo man w/ a h/o COPD, DM, HTN, ESRD on MWF HD and GERD here with fevers. The patient states the fevers have been going on for 5 days. The patient reports feeling malaise for 8 days. He had a mild cough 3 weeks ago. He stated the cough was nonproductive. He reports sore throat but denies any associated rhinorrhea or congestion. He denies any sick contacts, SOB or night sweats. He had fevers but no chills, nausea, vomiting or chest pain. He denies any rashes or photosensitivity. He also denies trips to wooded areas, neck stiffness or confusion.

In the ED, VS: T 102, HR 110, BP 90/60 RR 22, O2 sat 97% on RA. CXR showed multiple small infiltrates. The patient was started on vancomycin and cefepime and was subsequently admitted for further evaluation.

PMH: ESRD on MWF HD, DM, HTN, COPD; **Social hx**: uses cocaine and heroin; **Meds**: Insulin, amlodipine, albuterol

Physical exam:
VS: see HPI
Gen: NAD
HEENT: PERRLA, no neck stiffness
CV: 3/6 systolic murmur
Lungs: CTAB
GI: soft, NTTP
Ext: no c/c/e

Labs:
Na 130, K 4, Cl 100, CO2 22, BUN 30, Cr 3.0
WBC 22, Hgb 8, Plt 150
LFTs WNL
Coags WNL
CXR: multiple small infiltrates on CXR (preliminary read)
EKG: normal sinus rhythm, no abnormalities

Assessment/Plan:
50 yo man w/ h/o COPD, DM, HTN, ESRD on MWF HD and GERD here w/ fevers, malaise, leukocytosis, tachypnea and pulmonary infiltrates on CXR likely secondary to pneumonia.

Fevers
- Likely infectious since WBC 22,000. Likely 2/2 pneumonia versus viral infection. Bacteremia, UTI, osteomyelitis and rheumatologic disorders (i.e. lupus or rheumatoid arthritis) are also on the differential.
- Patient complained of cough 3 weeks ago and CXR showed e/o multiple infiltrates.
- Will treat as health care associated pneumonia since patient has exposure to health settings (HD centers)
- Start vancomycin, cefepime and gentle IVF bolus
- Follow up with blood cultures, consider viral panel

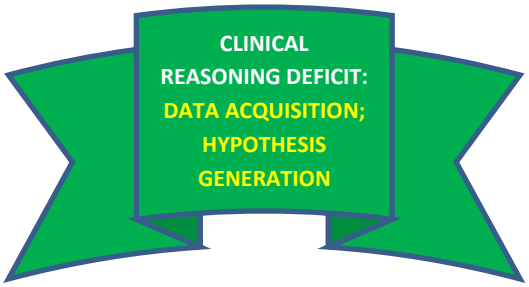
Leukocytosis
- Likely infectious. Suspect 2/2 pneumonia or viral URI given CXR findings
- Treat with antibiotics as above

Tachypnea
- Likely secondary to pneumonia; treat with antibiotics as above

ESRD
- Continue MWF HD via AVF

Murmur
- Likely flow murmur in s/o infection. Should improve with IVFs and Abx

IVDA
- Recommend outpatient counseling; avoid administering narcotics



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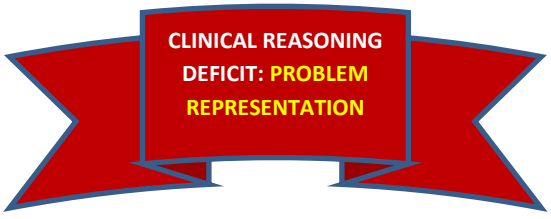

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