SOAP #7

S:
PR is a 72 y/o M with PMH of 2 MIs presenting w/ SOB and CP since last night. Pt noted acute onset of SOB w/ associated centralized CP beginning around 10pm until now. Additionally endorses worsening exertional dyspnea, PND, leg swelling, & abdominal distension. Spoke w/ granddaughter over phone. She states that he had two admissions for "heart problems" in the past and confirms that he does not take regular meds but she doesn't know his medical problems.

Denies abdominal pain, fever, chills, body aches, cough, nausea, vomiting, diarrhea, sick contacts or recent travel.

PMH: Two myocardial infarctions, denies any other PMH at this time and does not have with a primary doctor
PSH: Denies any surgical history
Allergies: NKDA
Medications: Denies intake of prescription medications
FHx: Non-contributory
SHx: Non-Smoker, Denies past of present EtOH use or drug use

O:
T 36.2C | BP 208/140 mmHg | P 88 BPM, regular | RR 24 breaths/min, unlabored | SpO2 94% on NRB
H 68in | W 230 lb. | BMI 35

Gen: Slender, neatly groomed, looks his stated age of 72 years. AxO x3. Appears in no acute distress.
Skin: warm, dry, non-icteric
Head: Normocephalic atraumatic
Eyes: PERRL, EOMI
Ear, nose, mouth, throat: Mucous membranes moist, no erythema, airway patent, no stridor
CV: RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs, or gallops.
Pulm: ***Bibasilar crackles***. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.
Abdomen: ***Mild distention***, otherwise abdomen soft, non-tender to palpation throughout, no guarding, no rebound tenderness
Extremities: ***2+ pitting edema*****.** No tenderness, FROM

A:
72 y/o M with no reported PMH presenting with respiratory distress w/ s/s of fluid overload, hypertensive to >200s systolic. Likely hypertensive emergency and CHF exacerbation.

Differential Diagnosis:
- MI
- Aortic Dissection
- PE
- Pericardial Tamponade
- Dysrhythmia
- Pneumonia
- Hypertensice Emergency
- CHF exacerbation

P:

Labs: eGFR, ABG, BMP, Blood culture x2, CBC with diff, Flu, Liver function panel, proBNP, procalcitonin, Covid, Troponin

Imaging/Tests: Bedside US, CXR, EKG

Hypertensive emergency:

- Nitro gtt goal BP of 140s systolic, at which point gtt titrated off.

CHF exacerbation

- Lasix after Nitro gtt
- Admit to hospitalist for CHF exacerbation

Dyspnea

- BIPAP

Initial DDx Based on CC	Adjusted DDx After H&P:
● ACS/MI ● Acute Valve Dysfunction ● Aortic Dissection ● Dysrhythmia ● Endocarditis ● Hypertensive Emergency ● Pericardial Tamponade ● COPD ● PE ● Pneumonia ● Pneumothorax ● Pure volume overload ● Renal Failure ● Post-Transfusion ● Sepsis ● Anaphylaxis	● MI ● Aortic Dissection ● PE ● Pericardial Tamponade ● Dysrhythmia ● Pneumonia ● Hypertensice Emergency ● CHF exacerbation