



HIGH-YIELD MED REVIEWS

Case-Based Integrated Reviews

Case: 1

Faculty: Anthony Busti, MD, PharmD, MSc, FNLA, FAHA

Date: September 12, 2022

27 year old Spanish speaking HF with no PMH comes in with 1-2 days of malaise, progressively worsening HA, neck pain, fever and an episode of N/V x 1. LMP was 2 days ago.

- Medications: None
- Allergies: PCN (shortness of breath)
- Immunizations: Unsure

- VS: T = 102.5, P = 94, BP = 149/85, RR = 18, Pulse Ox = 98% on RA, Wt: 84 kg (184 lbs)
- Physical Exam:
 - GEN: Looks uncomfortable, GCS = 14
 - NECK: Nuchal rigidity
 - EYES: Photophobia, EOMI, pupils at 3 mm bilaterally
 - CV/Pulm: Normal S1/S2, no murmurs, Clear to auscultation bilaterally; no wheezes
 - GI: Decreased bowel sound, but no distension
 - NEURO: No apparent neuro deficits

- Imaging:
 - CT Brain negative

- Labs:
 - WBC = 14.5, Plts = 120,000, TBili = 1.1, Serum Cr = 1.2; PaO₂ = 85
 - Pregnancy Test = negative

- Notes



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Case: 2

Faculty: Anthony Busti, MD, PharmD, MSc, FNLA, FAHA

Date: September 12, 2022

68 year old F with PMH of COPD, recurrent UTIs, HTN, and tobacco abuse who comes in with productive cough, SOB and fatigue. Symptoms started about 2 days ago. Subjective fever and chills at home.

- Medications: None
- Allergies: NKDA
- Social History: Smoker (1 ppd); social ETOH
- Immunizations: Unsure

- VS: T = 102.3, P = 110, BP = 87/43, RR = 22, Pulse Ox = 92% on RA
- Physical Exam:
 - GEN: Ill-appearing
 - CV/Pulm: Tachycardia (regular rhythm), Normal S1/S2, no murmurs, cap refill delayed, crackles to the RLL
 - SKIN: Sweaty and dusky appearing

- Labs:
 - WBC = 13.1 with a left shift
 - BMP & Mg are normal
 - Lactate = 3.4

- Notes