



HIGH-YIELD MED REVIEWS

Case-Based Integrated Reviews

Case: 1

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

Date: October 10, 2022

39 yr old F comes into the ED with sudden onset of chest pain that is worse with inspiration and associated with SOB. 8 days ago, she had a cholecystectomy that required a 4-day hospitalization due to N/V.

- Medications:
 - Hydrocodone and acetaminophen
 - Docusate sodium
 - Ethinyl estradiol and levonorgestrel
- Allergies: None
- Social history: Smokes 2 ppd, no alcohol use

- VS: Afebrile, P = 105, BP = 122/75, Pulse Ox = 96% on RA; Weight = 175 lbs
- Physical Exam:
 - GEN: Overweight female in mild distress
 - NECK: Normal
 - CV/Pulm: Tachypnea, tachycardia (regular rhythm); Clear to auscultation bilaterally; no wheezes
 - EXTREMITIES: Left lower extremity swelling with tenderness to palpation, DP pulses present
 - SKIN: skin is warm to touch

- Imaging:
 - Chest radiograph = normal

- ECG:
 - Sinus tach with left atrial enlargement

- Notes



HIGH-YIELD MED REVIEWS

Case-Based Integrated Reviews

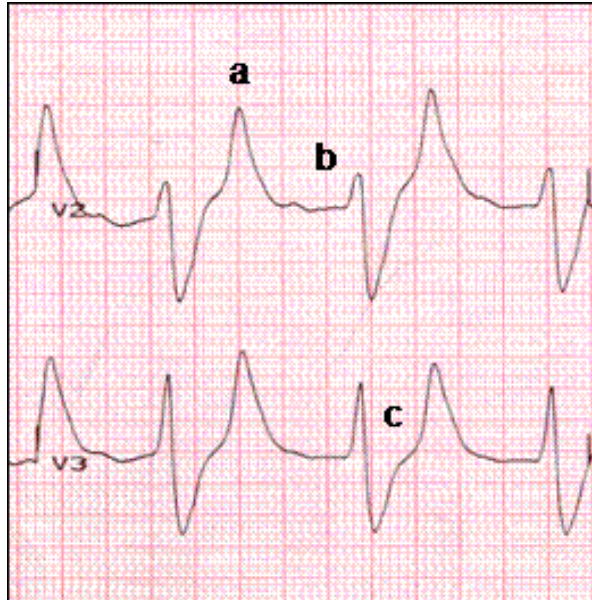
Case: 2

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

Date: October 10, 2022

42 yr male with known CKD on HD who comes into the ED with SOB and labs demonstrating K = 6.3. His last HD session was 3 days ago.

- LABS:
 - K = 6.3
- ECG



- Notes