

# **Clinical Scenario**



## **AdmissionCare**

#### Scenario:

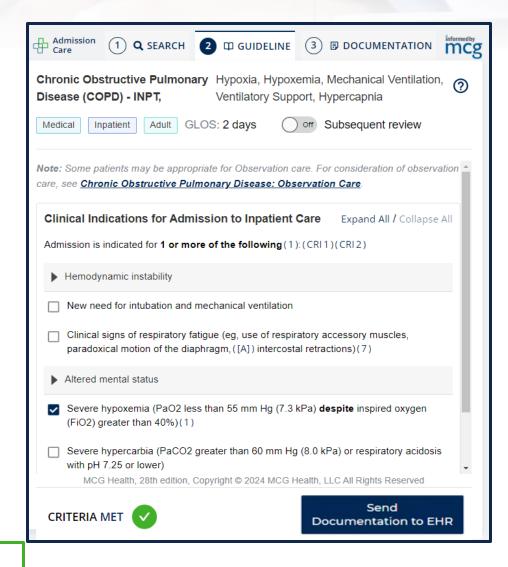
73-year-old male with a PMH of asthma, COPD, emphysema, and HIV presented to the ED via EMS with respiratory distress. His symptoms began the day of presentation. EMS found patient in respiratory distress with an SPO2 of ~80%. Patient admits not being compliant with inhalers but compliant with nifedipine and DOVATO.

Initial Eval: T: 98.9, P: 106, R: 19, BP: 120/64, O2: 94% (on Bi-Pap). Exam: acute distress, unable to speak in sentences. He had diffuse wheezing and decreased breath sounds. He was placed on Bi-Pap support. Labs: WBC 7.9, CO2 40, VBG pH 7.22, pCO2 104, pO2 50.2. Bicarb on BMP 40 (baseline). COVID/Flu negative. Chest x-ray: clear.

**ED Course:** Treated with Decadron IV, Mg Sulfate x2, Terbutaline and placed on BiPAP.

#### **Documented Principal Problem:**

COPD exacerbation



#### **Recommended Workflow**

- C Consider appropriate care setting
  - Hospitalization
- A Ask what the principal diagnosis is?
  - COPD exacerbation
- R Review INPT guideline first, then OBS
  - INPT criteria: MFT
- **E** Enter bed status / level of care order
  - Inpatient
- D Document criteria in medical record

### **Teaching Points:**

- Documentation must be thorough and include any abnormal labs and/or sustained vital sign abnormalities.
- New-onset of COPD with or without hypoxemia is appropriate for initial Observation placement; patient may be upgraded to IP if condition does not improve with Observation care (does NOT include ED care).



