Practice Case

An ED admission

CC: I am short of breath

- 72 yo male presents describing 3 days of increasing dyspnea. Initially this was with mild exertion such as going up one flight of stairs, but then became notable at rest, especially when lying to sleep. He also notes some mild swelling of his legs, R>L over the previous week. He denies fever but does complain of a general sense of weakness. He has had a slight increase in his baseline chronic cough. He recently returned from a trip to Spain, where he acknowledges considerable dietary indiscretion.

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- PMHx:
  - COPD
  - HTN
  - DM (diet-controlled)

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- SHx:
  - Former tobacco abuse (60 pk-yrs)
  - ETOH: none
  - IVDA: none
  - Retired auto mechanic

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- Meds:
  - Lisinopril 10 mg po daily
  - HCTZ 25mg po daily
  - Albuterol MDI 2 puffs QID prn dyspnea
  - Fluticazone MDI 2 puffs BID

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- PE:
  - VS: T=37.9 BP=155/85 P=100
    POx=91%(2L)
  - Gen: elderly male in no acute distress
  - Neck: +JVD with est CVP=10cm
  - Lungs: rales bilaterally (R>L)
  - Abd: soft, non-tender, NABS
  - Ext: pitting edema bilaterally to knees
  - Neuro: A&O x3, otherwise non-focal

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- Data:
  - WBC=13.4
  - Electrolytes WNL
  - Creatinine=1.9
  - BNP= 500
  - D-dimer mildly elevated
  - EKG: sinus tach with LVH
  - CXR: Small R effusion, moderate vascular redistribution, question small R basilar infiltrate vs atelectasis

Educational Scenario

- You meet your team in the ED to precept this case
- You're team includes a student who has presented the information above
- Now use the clinical reasoning paradigm to discuss the case.

A Chance to Practice

- Clinical Reasoning Strategy Approach
  - Process Key Features
    - Summary statement
  - Compare and Contrast
  - Prioritize Differential Dx

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Prioritized D/Dx

- Type 1:
  - 1b:
- Type 2:
- Type 3: