

Location: In hospital

Vitals:

His temperature is 39.4 C (103 F), blood pressure is 90/62 mmHg, pulse is 110/min, and respirations are 18/min.

HPI:

A 70-year-old white male is admitted to the hospital for resection of a superficial bladder carcinoma through cystoscopy. Postoperatively, he had mild bleeding and he has a Foley catheter for continuous bladder irrigation. The next day, the nurse called you because the patient is having a high-grade fever, chills, and became hypotensive. He is also feeling nauseous. He denies cough, chest pain, shortness of breath, and headache. He has no other complaints. His other medical problems include degenerative joint disease, BPH, and hearing loss. He has no known drug allergies. Social history is not significant. He is currently not on medications, except Tylenol for pain. His preoperative labs include Hb, WBC count, platelet count, BUN, Cr, and Pt/PTT are within normal limits.

How would you approach this patient?

This patient has a high-grade fever, chills, nausea, and hypotension on the first postoperative day. He has also had manipulation of the urogenital tract hence, this patient is probably having sepsis from Gram-negative bacteremia of the urogenital tract.

Order:

IV access, stat
Pulse oximetry, stat (Result: 98% on room air)

Examine:

General
Lungs
Heart
Abdomen
Genital
Extremities

Results:

Patient is having shaking chills. Lungs are clear. Abdomen is not tender. Bowel sounds are present. There is no rigidity or rebound. Peripheral extremities are warm. The rest of the exam is normal.

Order:

Normal saline, IV, bolus
Normal saline, IV, continuous
D/C Foley catheter
Continuous cardiac monitor
UA, stat
Urine C & S, stat
Blood cultures, stat
CBC with diff, stat
BMP, stat
Ceftriaxone, IV, stat, continuous (order only after ordering blood and urine cultures)
Transfer to ICU

Results:

UA showed many bacteria, many WBC, positive nitrite, positive esterase, and few RBC. CBC shows a WBC count of 13,000 with 10% bands. BMP is normal. The rest of the labs are normal.

Order:

ICU vitals
Pulse oximetry, every 4 hours
CXR, Portable, PA, stat (result: normal)
Acetaminophen (Tylenol), oral, continuous
Pneumatic compression stockings
NPO
Bed rest
Urine output

*Advance the clock for one hour and check BP

*If his BP is still low despite the giving of IV fluids, he should be started on IV dopamine infusion.

*Once the BP is stable and he is afebrile:

Shift to ward
D/C IV normal saline
D/C cardiac monitor
D/C ceftriaxone
Check the urine and blood cultures (usually after 24-hours)
Change to appropriate oral antibiotic (Mostly oral Bactrim (TMP-SMX) or ciprofloxacin)

Primary diagnosis:

Urosepsis

Discussion:

Patients do not have significant difficulty breathing, look comfortable, and have few secretions. Chest x-ray shows areas of partial collapse; WBC count would not be elevated.

Nosocomial infections are defined as infections acquired as a result of hospitalization, and they manifest at least 48 hours after hospitalization. A urinary tract infection is the most common type of nosocomial infection. The surgical site infections (account for 19% of nosocomial infections) are the second most common cause of a nosocomial infection. Nosocomial pneumonia is the third most common cause of nosocomial infections. It is frequently seen in patients who are intubated and have other associated comorbidities, such as chronic lung disease. The major organisms of concern in nosocomial pneumonia are gram-negative aerobic bacteria-like pseudomonas.

This copy of the material is licensed to HAFIZ MUHAMMAD ALI RAZA.
Copyright © 2014. All Rights Reserved www.usmleworld.com