

## CASE STUDY:

81-year-old man was brought to the ED via ambulance from a local nursing home. He was found by the nurse on rounds to be very confused, restless, and hypotensive.

PMH: Type 1 diabetes, MI, and CHF, prostate cancer. He has had an indwelling urinary catheter in place for 5 days because of difficulty voiding. Until today he has been oriented and cooperative.

Meds: metoprolol, hydrochlorothiazide, and insulin

### Your ED Assessment:

- **Neuro:** lethargic, confused to place/time. Does not follow commands, moves all extremities
- **Cardiac:** BP 80/60. HR 112 BPM/regular, Temp 103F (40 C) axillary, heart sounds normal, peripheral pulses weak and thready
- **Skin:** warm, dry, flushed
- **Respiratory:** RR 34 and shallow, breath sounds audible all lobes with crackles bilaterally in bases, O<sub>2</sub> sat 91% RA
- **GI/GU:** abdomen soft, hypoactive bowel sounds. Urinary catheter with scant, purulent drainage
- **Admitting lab:** BS 200, Na 140, K 4.0, BUN 20, Cr 1.2, Hgb 12, Hct 40, lactate 2.2

### Patient admitted to ICU

- ABG pH 7.25, HCO<sub>3</sub> 12, Pao<sub>2</sub> 60, Paco<sub>2</sub> 28, Sao<sub>2</sub> 82%
- Lab: WBC 21,000, Na 133, K 4.5, Cl 96, BS 230 Hgb 12 Hct 36
- BP 70 to 80 despite IV fluid bolus

What risk factors does this patient have for septic shock?

What preventative measures could have been taken by the nursing home staff for this patient?

Discuss the mechanism of hypotension in the patient with septic shock?

Explain the rationale for fluid therapy

What Family education would you include?