

SAQ 7

A obese 30 year old woman is brought to your emergency department suffering from shortness of breath after a 3 day viral prodrome.

Her vital signs are:

HR 125 bpm
BP 80/60
RR 34

Temp 38.0 °C
Sats 85% on 8 L/min O₂

The patient's CXR is shown on the next page.

a. Describe the patient's CXR (1 Mark)

1 Mark for:

- *Diffuse bilateral nodular pulmonary infiltrates*

b. List 4 differentials for the patient's presentation and CXR findings (4 Marks)

1 Mark each for:

- *Viral pneumonia / Influenza-like illness*
- *ARDS in setting of sepsis - any cause*
- *Atypical pneumonia - pref with organism listed*

1 Mark for any of:

- *Typical pneumonia - pref with organism listed*
- *Diffuse alveolar haemorrhage / Goodpastures*
- *Hypersensitivity pneumonitis*
- *Aspiration pneumonia*
- *TRALI - nil on stem to suggest*
- *Drug related - pneumonitis + immunosuppression*
- *Pancreatitis*
- *Cardiac - myocarditis / ACS / cardiomyopathy*

c. Outline your management (5 Marks)

1 Mark for each of:

- **Staff PPE** or isolated patient in high acuity bay / resus, team based approach
- A/B - minimise droplet spread, increase oxygen --> NIV --> intubation
- C - iv fluids 2 l crystalloid + inotropes
- Specific - iv ab's (eTG certrioxone/cefotaxime 1g plus azithromycin 500mg or benzylpenicillin 1.2 g plus gentamycin plus azithromycin) + anti-viral(high risk group eTG oseltamivir 75mg)
- Disposition - ICU

Question & answer adapted from FACEM SAQ question 2011.1.2

CXR taken from Life in the Fast Lane Pulmonary Puzzle 008 <http://lifeinthefastlane.com/pulmonary-puzzle-008/>