

Discharge Referral Notes

22F with superimposed bacterial pneumonia in context of Influenza B
Required ICU admission for intubation, extubated 18/03
Transfer back to TVH from GCUH 19/03/25

Issues:**#Desaturations following mobilisation for PT-LFNP with intervals of CPAP**

- TTE bubble study - No evidence of inter-atrial communication - negative bubble study.
- CXR: Loss of left hemidiaphragm, Perihilar haze, possibly consolidation, possibly haemorrhage. Right jugular central line projects over the central mediastinum. Left basal collapse, consolidation likely, Air bronchograms behind the heart.
- Ongoing PT
- Referral for rehab MBH
- Psych review for post ICU/intubation
- Repeat CXR: Slight improvement in the patchy airspace opacification in the right midlung field. Stable appearances of the patchy airspace opacification in the left mid lung field and retrocardiac consolidation with loss of diaphragmatic silhouette.
- TTE: Normal left ventricular cavity size and wall thickness. Normal left ventricular systolic function (EF 59%) with no RWMA's. Normal right ventricular size and function. No valvular pathology. Trivial mitral regurgitation. Trivial tricuspid regurgitation (RVSP 21 assuming RAP 3). IAS intact. No pericardial effusion.
- Incentive spirometry & Chest physio to clear secretions
- Rehab as outpatient

Isolated elevated APTT

- Antiphospholipid screening to be repeated when well and off heparin

LFT derangement

- Abdo U/S - normal
- Presumed secondary to ABx
- Daily monitoring
- Steadily resolving
- Will need to be monitored in the community

##Post-ICU syndrome / PTSD

- Patient has multiple risk factors for post-ICU syndrome / PTSD following harrowing / near-death experience requiring prolonged ICU admission and intubation
- Patient exhibited some emotional lability and early hyperarousal signs including some flashbacks to events in ICU
- Referred to inpatient mental health team
- Provided trauma focussed CBT introduction
- Referral to outpatient psychology

=====Resolved=====**# Pneumonia in context of Influenza B**

- Superimposed LLL + RML bacterial pneumonia
- Oseltamivir, PipTaz, Vanc (+ stat tobra)
- Abx all ceased (18/3) in context of clinical improvement
- Extubated 18/03

Hypoxic resp failure with ARDS

- proning + iNO
- CTPA negative for PE

Septic shock

- Required vasopressors

#Nausea and vomiting

- Likely due to recent extubation and sedation
- PRN Ondasnetron

Hypokalaemia

- 3 days of oral chlorverescent 2 tabs BD