

Document Contains Addenda**Medical Registrar**

56 year old with fever, cough, SOB and abdominal pain
BG Down's Syndrome, PPM in-situ but no other cardiac co-morbidities
Usually independently mobile despite being non-verbal

At time of my review:

- A - maintained
- B - sats 98% on high flow 15L via NRM while supine, RR ~40, PaO2 11.7
- C - BP 90/60, HR 72bpm
- D - E4 V1 M6
- E - pyrexial

XR Chest

Bilateral patchy shadowing, COVID-19

Impression

Likely COVID-19
Hypotension but this is broadly in keeping with usual BP
Hold off aggressive fluid resus but cover with IVABs in view of sepsis risk

Plan

1. Respiratory isolation
2. COVID swabs
3. Await lab bloods
4. Aim sats > 90%
5. Wean to 40% if possible
6. ITU review if not improving
7. Cover with IV antibiotics
8. Hold IV fluids
9. Remains for full escalation for now

NR

2708

Addendum by NR on 27 March 2020 15:36:36 GMT (Verified)

ITU declined in view of Down's syndrome and cardiac co-morbidities
Currently saturating at 95% on 60% via Venturi, sat upright as not tolerating prone
Hypotensive but SBP 90 acceptable as known hypotension
Not for further IV fluids
Can move to ward

Addendum by NR on 27 March 2020 20:16:00 GMT (Verified)

At present, looks comfortable:

- A - maintained
- B - desat to 55% if removes mask, improves to 95% on 60% via venturi
- C - BP improved to 91/56
- D - alert throughout

D/w brother over the phone - aware she remains very unwell
At baseline she is fully mobile and able to get to the toilet with minimal assistance
Her functional baseline has been constant since childhood without deterioration in middle age
There is no evidence of evolving dementia

Impression

Improved somewhat provided oxygen mask kept on

Printed by: NR

Printed on: 06/Jul/2021 11:20 BST

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