

Congestive heart failure: **Case 1**

Jim Jones is a 74 year old, married businessman, now retired. He's being treated for Coronary Artery Disease (stent placed at age 70) Constipation, chronic Diabetes Mellitus, Type II Elevated Cholesterol GERD Hypertension Mild Dementia

His family internist sent him to the hospital Monday morning after his wife insisted he go to the clinic because he was having trouble breathing, and was rubbing his chest. He had been doing fine until sometime during the night. She said he had seemed quite well Sunday afternoon watching the game-- two of their sons came over to watch the game with him. They made it "a little tailgate party-- hot dogs with saukraut and everything."

On examination his internist found moderate pulmonary congestion, but no EKG changes. Troponin was negative. Because of his past history and strong family history of MI, patient was admitted, treated, and now on Wednesday afternoon, wants to be discharged. His internist is away for a professional meeting. One of the medical house officers is handling the discharge orders, etc.

C2

Congestive heart failure: **Case 2**

A 65 year old woman is admitted to the hospital for congestive heart failure and chest pain and then discharged. She has a history of congestive heart failure, atrial fibrillation, hypertension, reflux and chronic back pain. The patient has significantly improved and is ready for discharge home to follow up with her doctor.

P1
Pulmonary disease: Case 1

Penny Pfeifer is a 63 year old, widowed secretary, now on disability.
She's being treated for

Coronary Artery Disease
Chronic Obstructive Pulmonary Disease
Constipation, chronic
Depression
GERD
Hypertension
Menopause S/P TAH/BSO years ago
Nicotine Addiction (reportedly in remission)
Osteoporosis

She feels like she's having trouble getting along on her own, but she doesn't want to move out of her longtime home. She was discharged from the hospital late last month, but doesn't believe her cough really went away. Two days ago her cough started to worsen. She called her internist who started an antibiotic and restarted her steroids. Last night she had trouble sleeping-- woke up coughing and wheezing. This morning she coughed up a lot of sputum and the color has changed. She felt too weak to vacuum her living room. Her internist told her to go to the hospital when she called.

On admission, her oxygen saturation was noticeably reduced from that recorded on discharge. Her chest x-ray suggested pneumonia. She was treated with by changing antibiotic and switching to IV steroids. She improved over 24 hours. Now, four days later, she wants to go home. Her internist is not available, but an office partner has offered to handle the discharge orders and paper work.

PZ

Pulmonary disease: Case 2

An 80 year old man is admitted for respiratory failure to the intensive care unit and is successfully weaned from the ventilator. After a prolonged course in the hospital, including cellulitis of the right leg he is discharged to a skilled nursing facility for rehabilitation. He has a history of atrial fibrillation, hypertension, diabetes, coronary artery disease, hypercholesterolemia, dementia, depression. and anxiety.