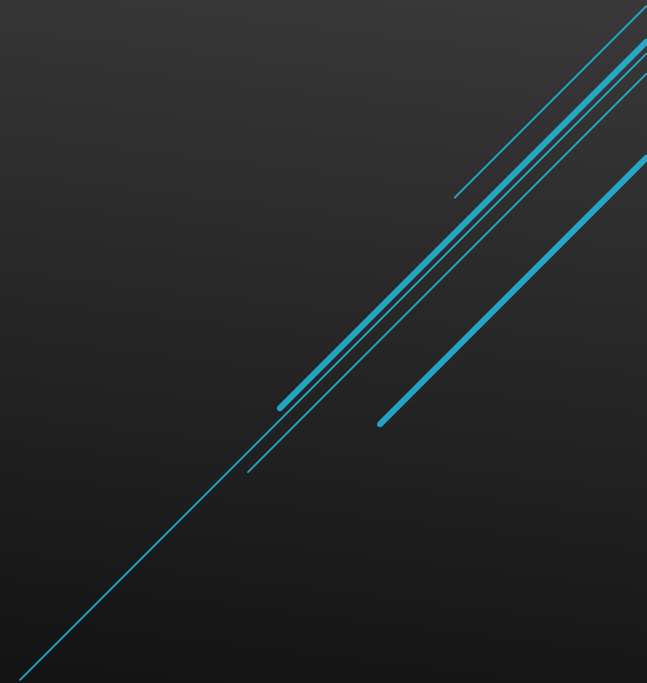


SEPSIS ALMOST KILLED
ME

OR
MY WIFE SAVED ME FROM MY
OWN STUBBORNNESS

Ed Moreland, NRP, FACPE

Can you recognize Sepsis?



SEPTIC
OR
NOT SEPTIC?

ALS OR BLS?


Skilled nursing facility
patient with a clogged
Foley, not acting “right”
at 3 am

ACCORDING TO THE SURVIVING SEPSIS GUIDELINES, A SEPSIS DIAGNOSIS REQUIRES THE PRESENCE OF INFECTION, WHICH CAN BE PROVEN OR SUSPECTED, AND 2 OR MORE OF THE FOLLOWING CRITERIA:

- ▶ **Hypotension (systolic blood pressure < 90 mm Hg or fallen by >40 from baseline, mean arterial pressure < 70 mm Hg)**
- ▶ **Mottled skin**
- ▶ **Decreased capillary refill of nail beds or skin**
- ▶ **Fever > 38.3 degrees C, or 100.4 degrees F**
- ▶ **Hypothermia < 36 degrees C core temperature (<96.8 degrees F)**
- ▶ **Heart rate > 90**
- ▶ **Tachypnea**
- ▶ **Change in mental status**
- ▶ **Hyperglycemia (>140 mg/dL) in someone without diabetes**

The definition of severe sepsis is sepsis with impaired blood flow to body tissues (hypoperfusion) or detectable organ dysfunction. Severe sepsis may occur with or without sepsis-induced hypotension (e.g., with fever, encephalopathy and renal failure but a normal blood pressure).

The **definition of septic shock** is severe sepsis with sepsis-induced hypotension [**systolic blood pressure < 90 mm Hg** (or a drop of **> 40 mm Hg** from baseline) or **mean arterial pressure < 70 mm Hg**] that persists after adequate fluid resuscitation. "Adequate" is determined by the estimation of the patient's pre-sepsis intravascular volume status.



OCTOBER 2015

Returned from cruise,
and began to have
allergic rhinitis, sinus
infection, transitioning
to cough with chest
congestion/bronchitis.



HAVE YOU EVER GONE TO WORK SICK?

How sick is too sick?

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OCTOBER-NOVEMBER 2015


Persistent, non-productive cough

Intermittent low-grade fever

Intermittent sinus congestion

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NOVEMBER 12, 2015

- Went to local urgent care clinic
 - Received
 - Oral antibiotics
 - Tesselon Pearls
 - OTC cough medicine
- 
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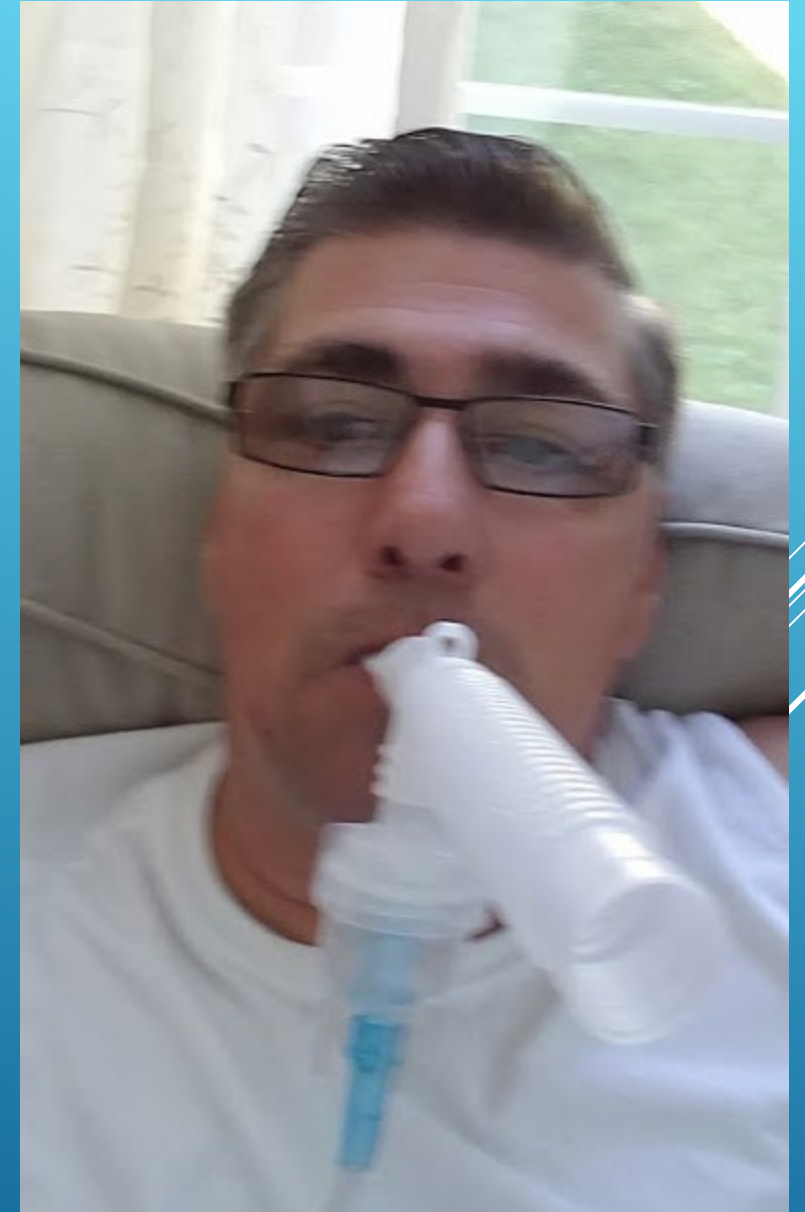
THANKSGIVING 2015

Returned to urgent care

Now wheezing, with continued persistent non-productive cough

Given Albuterol, Symbicort, second antibiotic

Prescription cough medicine with codeine



DECEMBER 7, 2015

While at work developed near syncope with sustained dizziness.

SPO2 was 88% on room air

Unable to walk without assistance.

Admitted to hospital for 23-hour observation bed. Complaints of right sided rib pain from coughing

Discharged with instructions to follow up with pulmonology

DECEMBER 2015

Continued to have persistent cough

Saw pulmonology NP, numerous additional blood studies ordered,

Right sided rib pain increased

OTC cough medicines, coupled with prescribed meds still did not provide symptom relief.

HOLIDAY SEASON 2015

Visited out of state family

Had to sleep sitting upright due to cough

Cough is worsening.

Right sided rib pain is not resolved

JANUARY 3, 2015

Returned from the holidays. Tried to visit the pulmonologist at the office. No appointments available for several days.

Next morning had coughing fit while driving and became extremely dizzy. Called Duty Chief and was met in the driveway. Transported emergently to the ER.

Medical director was working clinically, received 2 hour neb treatment, 10 mg Valium and 125 mg Solumedrol and felt a little better.

JANUARY 4TH, 2015

Discharged from the hospital

Instructed to discontinue all prescription medications

Told that there was nothing wrong with me

I should call the pulmonologist in a couple days for follow up

JANUARY 5TH, 2016

Still coughing

Can't take deep breaths without severe pain

Coughing attacks are near constant

Frequently dizzy

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After 3 months of coughing and two hospital admissions my wife had enough

She walks into the pulmonologist office in her building and gets me an appointment.

- ▶ **This is Dr. Nina Maouelainin**
- ▶ **She is a board-certified pulmonologist and critical care physician**
- ▶ **She saved my life**



FIRST EXAM BY PHYSICIAN

▶ Vital Signs

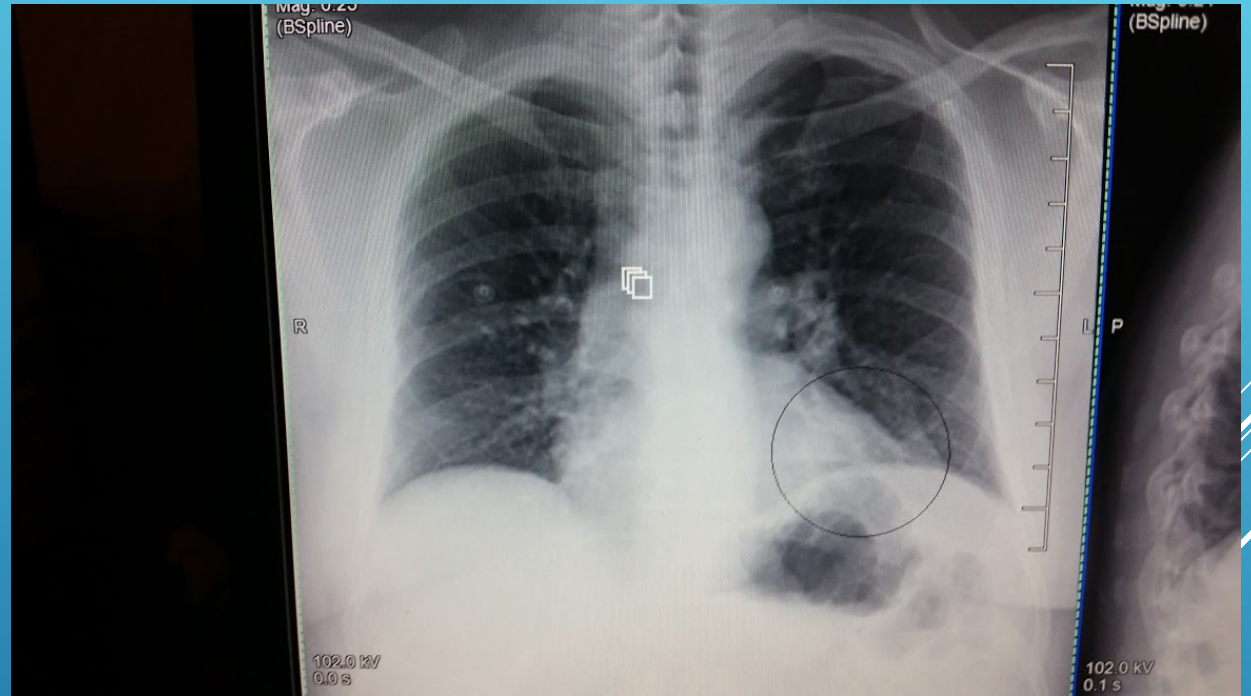
- ▶ HR 110
- ▶ RR 38
- ▶ BP 140/104
- ▶ SPO2 83% on RA

▶ Physical exam findings

- ▶ Tripoding
- ▶ Pale
- ▶ Diaphoretic
- ▶ Chills



Normal Chest Xray



My Chest Xray



- Admitted with Sepsis
- IV access, fluids at 300 ml/hr
- Nebulized medications every 4 hours
- Dilaudid 1 mg/hr
- Zosyn
- Vancomycin
- Solumedrol
- O2 4 lpm via NC
- Lovenox

I: M000170484

#: 4113239.00

B: 19691124

C: M

A: Grand View Hospital

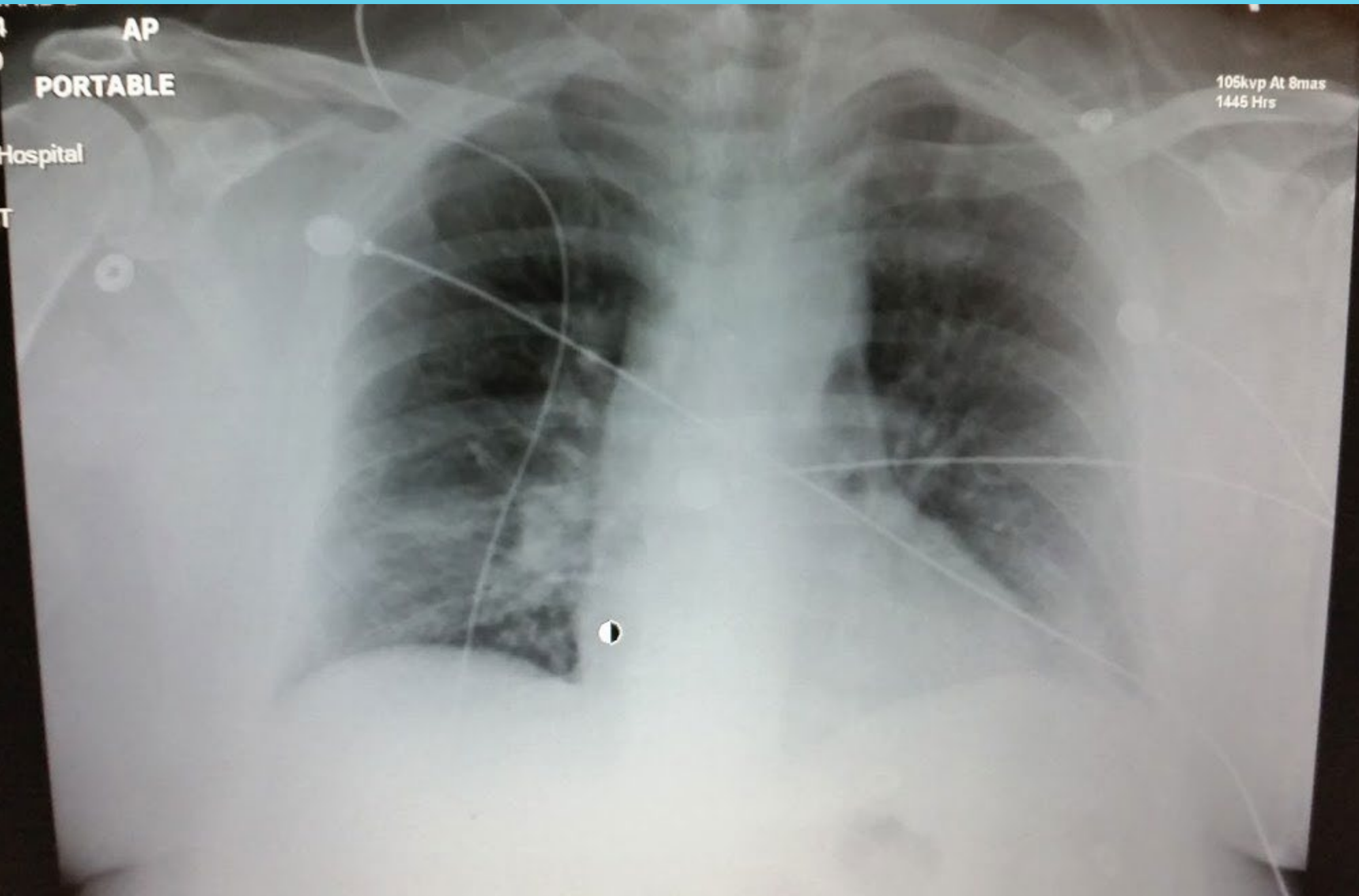
Model: CR950

Body Part: CHEST

AP

PORTABLE

105kvp At 8mas
1445 Hrs







- ▶ Bronchoscopy
- ▶ Echo-Cardiogram
- ▶ Trans-Esophageal Echo Cardiogram
- ▶ PICC line
 - ▶ Vancomycin
 - ▶ Zosyn
 - ▶ Ativan
 - ▶ Solumedrol

INPATIENT COURSE



Discharged to home after 14 days



Continued nebs q 4 hours at home



Continued PO steroids



Rest

DISCHARGE PLAN

LESSONS LEARNED?

- ▶ We are not invincible
- ▶ Creep is real
- ▶ Sepsis is insidious
- ▶ I am bad patient
- ▶ My wife is my hero
- ▶ SEPSIS KILLS



LAST THOUGHTS



- ▶ I was very lucky
- ▶ There are long term affects
- ▶ I have been hospitalized several more times with respiratory issues.
- ▶ **TAKE CARE OF YOURSELF**

THANK YOU

Edmoreland@outlook.com

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