**Case 1: Laurel Rodgers, Day 1**

**Neuro/Pain:**

* **R SAH:** Neurosurgery following, appreciate your recs. Rpt CTH at 4 hrs ordered. Will lighten sedation for neuro exam when back from CT.
* **Pain:** well controlled, continue fentanyl.

**CV:** No acute issues, HDS.

* **Hx Afib w/ RVR:** On home 25mg metoprolol BID. Hold home meds, start 5mg metoprolol Q6hrs IV. Continue telemetry, monitor.

**Pulm:** Intubated, ventilated. 7.4/40/25/98. PEEP 8, TV 360, FiO2 50%, RR 10. Wean vent as tolerated, daily SBTs.

**GI:**No acute issues

* **Diet:** NPO
* **NGT:** in place to LIWS, minimal output
* **Bowel regimen:** none; unknown last BM, will start dulcolax via NGT if no BM @ 48 hrs.

**Renal/GU:** Cr & BUN WNL, good UOP.

* **Foley catheter:** in place; continue as soon as more awake and can void.

**Heme:** no acute issues

* **Anemia:** borderline anemic on labs w/ Hgb of 7.5. Likely dilutional given amt of fluid received for resuscitation combined with trauma. No CAD and asymptomatic, so will not transfuse unless drops below 7 and sx. Monitor w/ daily labs.

**ID:** No acute issues, afebrile. WBCs 11,000, expected elevation with trauma. Monitor w/ daily labs.

**Endo:** No acute issues.

* **Hypothyroidism:** on 0.5 levothyroxine at home. Start 0.25 IV replacement while NPO

**MSK:**

* **Facial fx:** plastics consulted; we appreciate your recs. Likely OR sometime next week when swelling improved.
* **R humerus fx, R hip fx:** ortho consulted; appreciate your recs. Plan for non-op mgmt. NWB right leg, NWB R arm with sling.

**Prophylaxis**: Holding heparin, starting PPI while intubated.

**Outlook:**

* GTOS: 14% risk of in-hospital mortality & 17% chance of d/c to SNF, LTAC, hospice.

**Case 2: Yara Lopez, Day 1**

**Neuro/Pain:**

* **Moderate sized frontal epidural hematoma:** no mass effect seen on trauma head CT, stable on repeat CT. Neurosurgery following; we appreciate your recs. Holding anticoagulation. Will contact once sedation lightened for better neuro exam later this AM.
* **Pain:** well controlled, continue fentanyl.

**CV:** No acute issues, HDS.

* **Hx CAD:** No previous MI. On home ASA & 25mg metoprolol BID. Hold home ASA, transition to 5mg Q6hrs IV. Continue telemetry, monitor.

**Pulm:** Intubated, ventilated. 7.4/40/25/98. PEEP 8, TV 360, FiO2 50%, RR 10.

* **Rib fx (R 2-9, L 2-10 w/ BL flail):** continue rib fracture protocol, pain currently well controlled. Consider epidural if unable to wean from vent.
* **BL pneumothoraces:** small BL apical PTX on AM CXR. Minimal serosanguinous CT output. Continue CTs to -20mm continuous suction.

**GI:**No acute issues

* **Diet:** NPO
* **NGT:** in place to LIWS, minimal output
* **Bowel regimen:** none; unknown last BM, will start dulcolax via NGT if no BM @ 48 hrs.

**Renal/GU:**

* **Possible AKI:** Cr. 2.2 from 2.4, though her baseline Cr is unknown. BUN WNL, good UOP. If AKI, likely pre-renal hypovolemic in nature. Continue hourly UOP, trend BUN & Cr.
* **Foley catheter:** in place; will continue given possible AKI. Remove as soon as possible.

**Heme:** no acute issues, H&H 10 & 30. Monitor.

**ID:** No acute issues, afebrile. WBCs 11,000, expected elevation with trauma. Monitor w/ daily labs.

**Endo:** No acute issues.

* **DM2:** on insulin at home. BG 240 on admit, now in 120s. Continue ISS, low dose, with accuchecks.

**MSK:** No acute issues.

**Prophylaxis**: Holding heparin, starting PPI while intubated.

**Outlook:**

* GTOS: 30% risk of in-hospital mortality & 29% chance of d/c to SNF, LTAC, hospice.