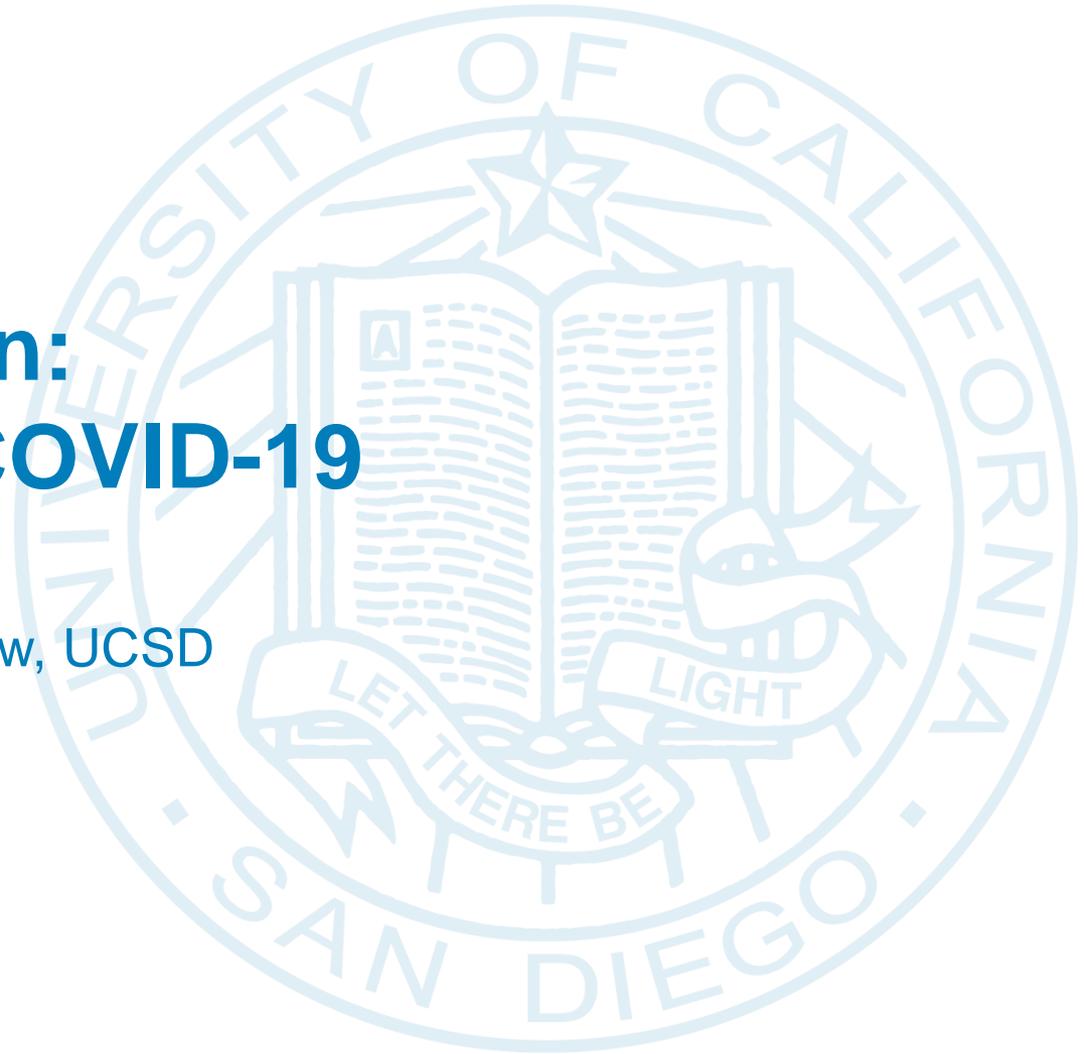


UC San Diego Health

Case Presentation: Management of COVID-19

Erica Lin, PGY6

Pulmonary & Critical Care Fellow, UCSD



Case Presentation

- 48 year-old male with HTN, DM, asthma, OSA
- Reported 1-week of chills, shortness of breath, cough
- Received azithromycin and hydroxychloroquine for COVID



Case Presentation

- Presented to OSH for worsening respiratory symptoms
- Initially on 6L O2
- Received Remdesivir, dexamethasone, and convalescent plasma
- Intermittently on BiPAP
- Transferred to UCSD

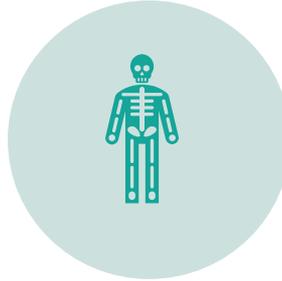


Case Presentation – Admission to ICU



T 97.7, HR 81, BP 144/81
SpO₂ 91 on NRB

Appeared comfortable in no significant respiratory distress, Good air movement, No crackles or wheezing, Chronic venous stasis changes, 2+ peripheral edema

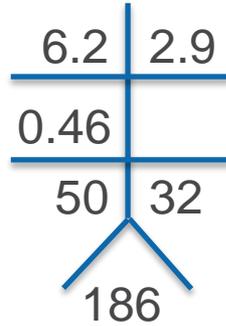
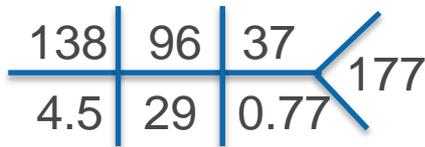


Basic laboratory studies, chest x-ray ordered



He was admitted to ICU on NRB

Case Presentation – Laboratory/Imaging Studies



Lactate 2.2

D-dimer 1026

ABG 7.48/43/51/30 on NRB



What would you do?

- A. Let him ride
- B. Change to HiFlo nasal cannula at 100% FiO₂ and 60 L/min
- C. Start BiPap at 100% FiO₂ and 20/10
- D. Intubate, paralyze and prone

Case Presentation

Intubated with low tidal volume ventilation

Paralyzed and proned

Diuresed for conservative fluid balance

Cannulated for VV ECMO

Chest x-ray – Progression throughout Hospitalization

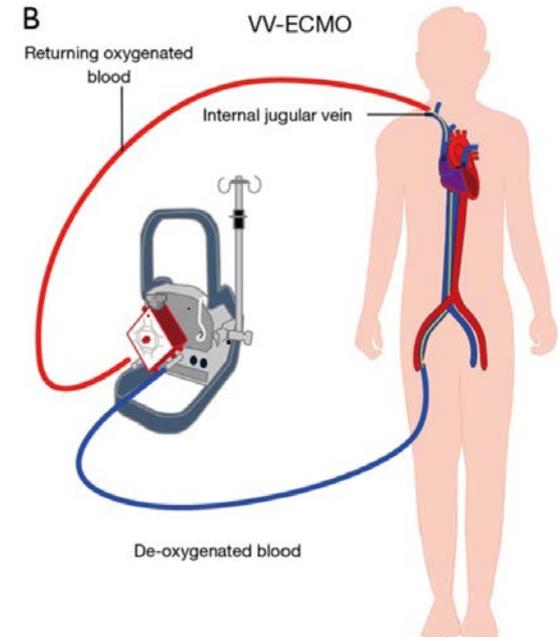


Would you consider tracheostomy?

- A. Last week (week 1 of intubation)
- B. 2 weeks into mechanical ventilation
- C. 3 weeks into mechanical ventilation
- D. At time of placement on ECMO
- E. Never

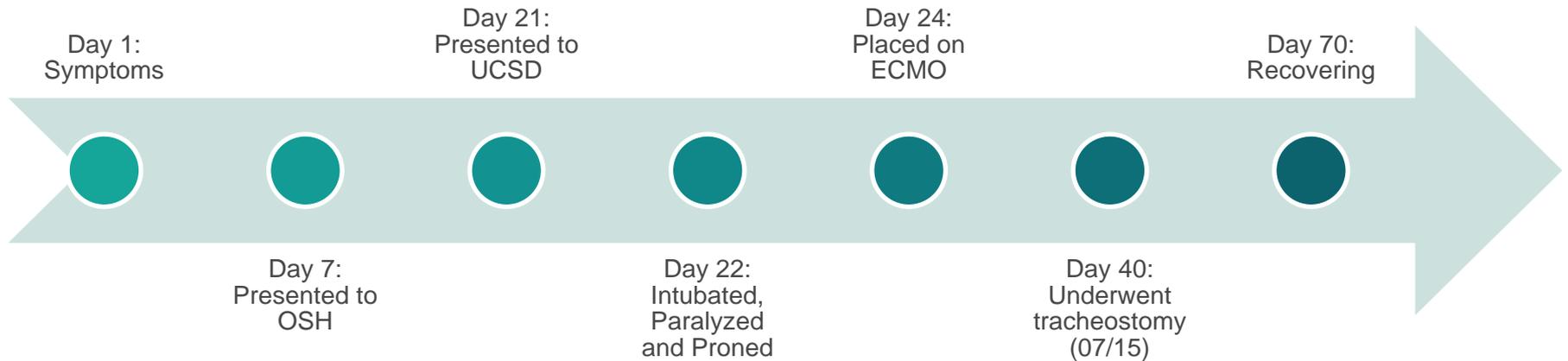
Case Presentation

- Ventilator-associated pneumonia
- Retroperitoneal bleed
- ICU-related delirium
- Oxygenator issues
- Bleeding from tracheostomy s/p cryotherapy
- Peripheral eosinophilia of unclear etiology

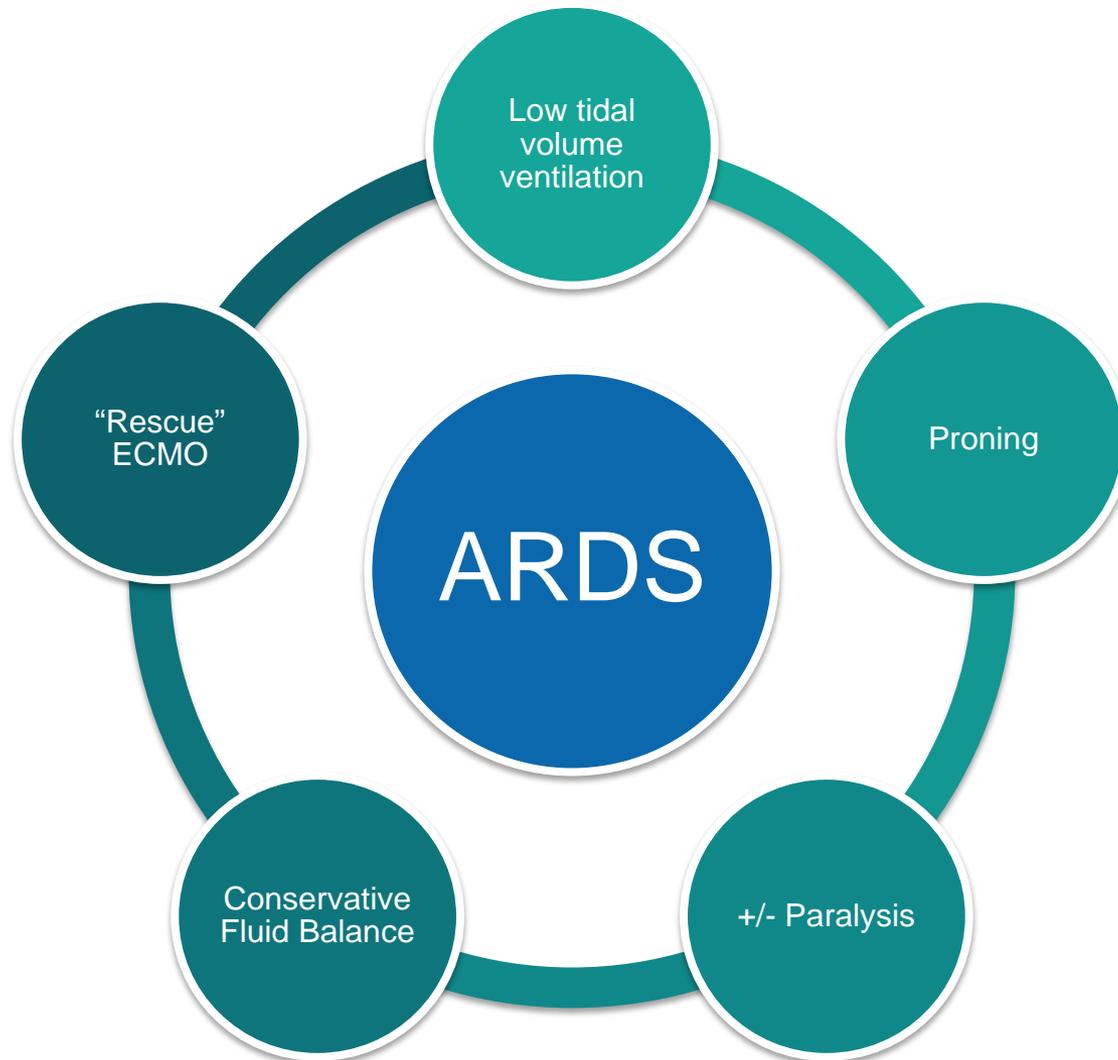


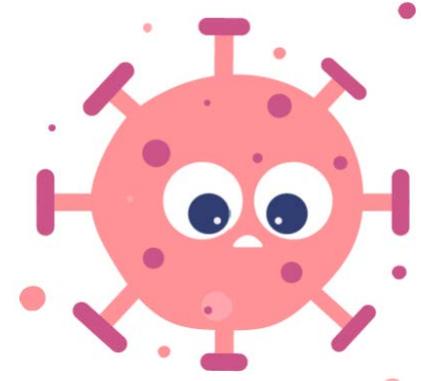
Case Presentation – Resolution

- Continuing with sweep challenges. May be decannulated early this week
- Mobilizing with physical and occupational therapy



Discussion





Expert Discussant:
Dr. Amy Bellinghausen Stewart