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?

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

ALS OR BLS?
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?
OCTOBER-NOVEMBER 2015

Persistent, non-productive cough
Intermittent low-grade fever
Intermittent sinus congestion
NOVEMBER 12, 2015

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

Returned to urgent care
Now wheezing, with continued persistent non-productive cough
Given Albuterol, Symbicort, second antibiotic
Prescription cough medicine with codeine
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
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.
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
Still coughing
Can’t take deep breaths without severe pain
Coughing attacks are near constant
Frequently dizzy
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
- 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
INPATIENT COURSE

- Bronchoscopy
- Echo-Cardiogram
- Trans-Esophageal Echo Cardiogram
- PICC line
  - Vancomycin
  - Zosyn
  - Ativan
  - Solumedrol
Discharged to home after 14 days

Continued nebs q 4 hours at home

Continued PO steroids

Rest
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

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