COVID 19 Clinical Rounds Critical Care: The Ugly Tail End of COVID-19 Acute Respiratory Distress Syndrome

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I have no financial disclosures
Case Presentation

• 76 year old female
• Type II diabetes mellitus, hyperlipidemia
• Presenting with two week history of fatigue and decreased appetite
• Denied sick contacts
• Employed as office manager in rheumatology clinic
Case Presentation

- 73% on room air on arrival in ED
- COVID nasopharyngeal swab PCR positive
- NRB $\rightarrow$ HFNC $\rightarrow$ Intubated on hospital day 2
- D-Dimer 56,272
- POCUS with LLE (popliteal) DVT and mildly enlarged right ventricle
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• Fentanyl, Ketamine, Dexmedetomidine
• Lung protective strategy with low PEEP ladder
• Inhaled heparin
• High standard heparin drip → Enoxaprin
• Minimal vasopressor requirements
• Airway clearance regimen
• Remdesivir
• Extubated to HFNC on hospital day 8
Moving Forward

• Long term care needs
  – Anticoagulation
  – Chronic oxygen therapy
  – Physical therapy
  – Occupational therapy

• System preparedness for long term care needs