

# **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

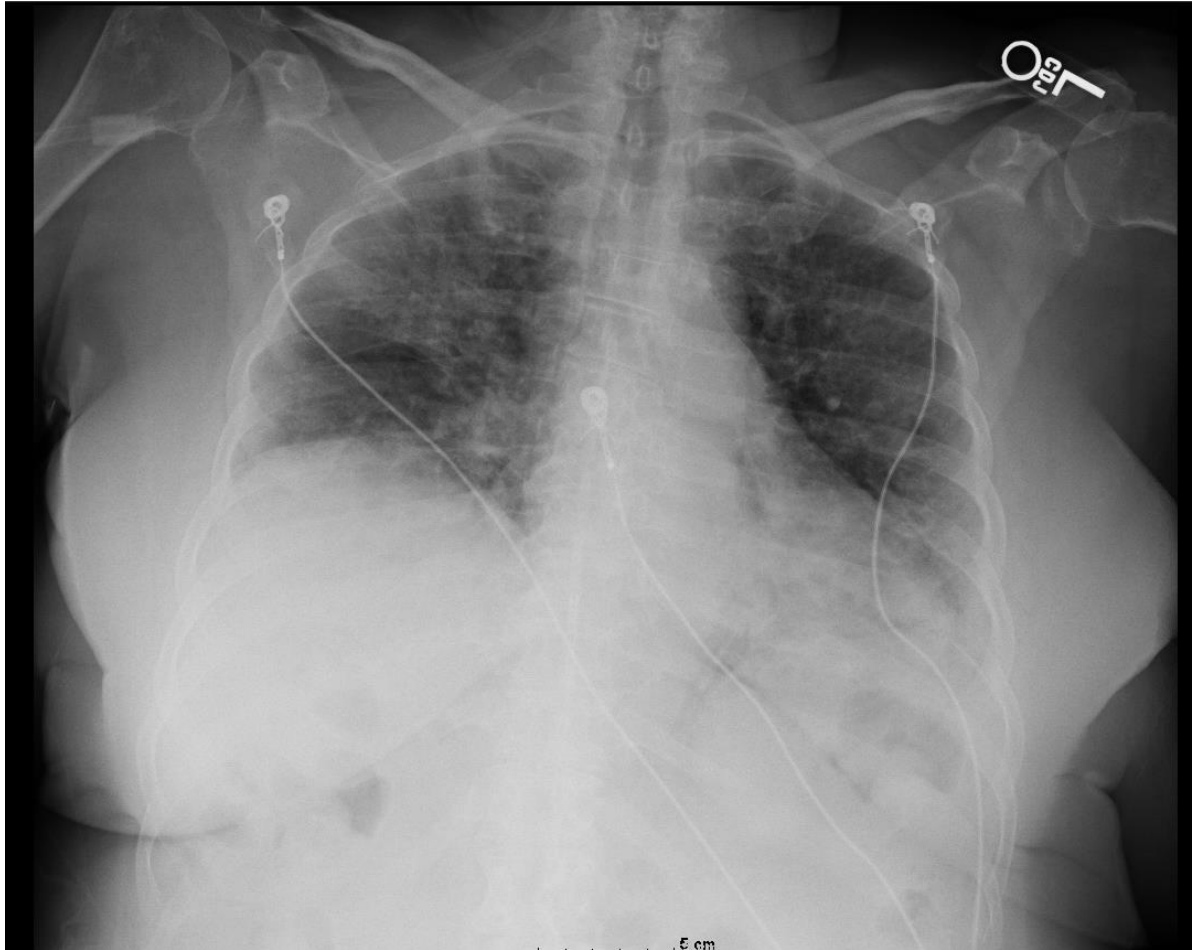
# Case Presentation

- 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 → HFNC → Intubated on hospital day 2
- D-Dimer 56,272
- POCUS with LLE (popliteal) DVT and mildly enlarged right ventricle

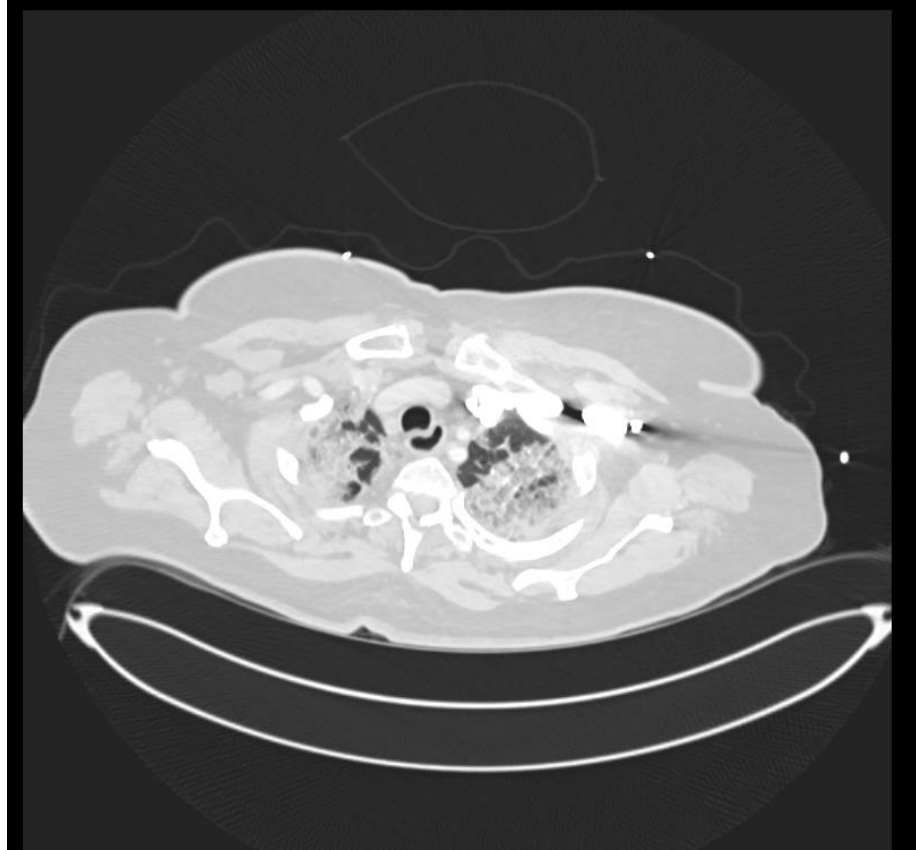
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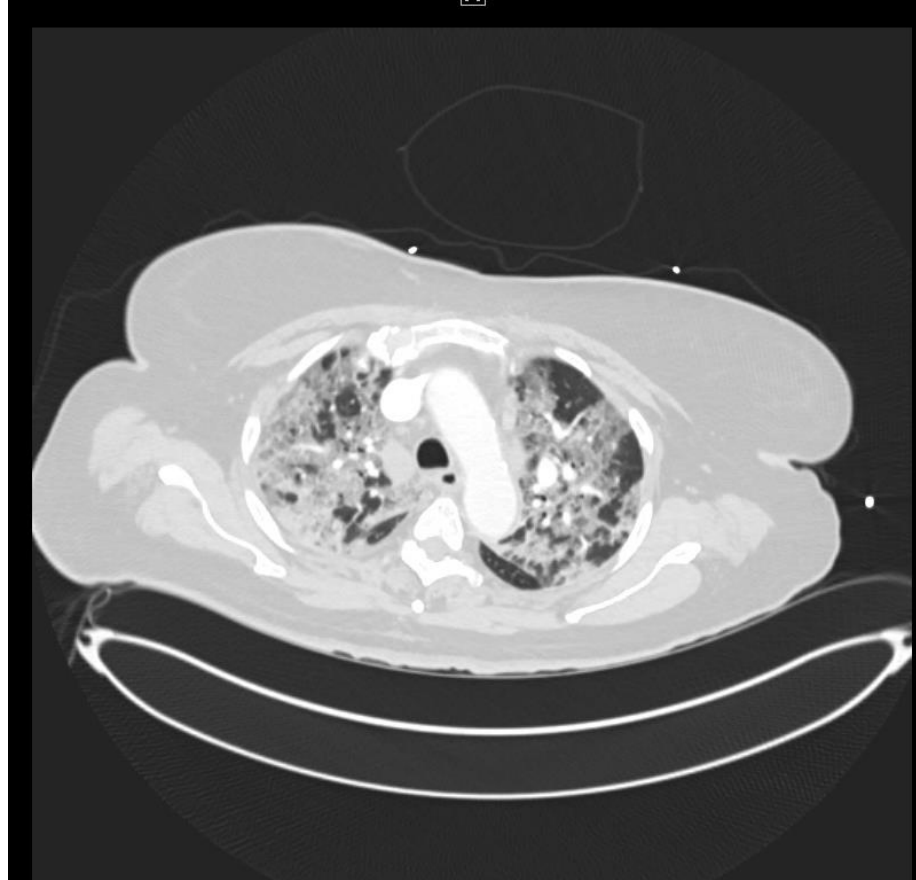
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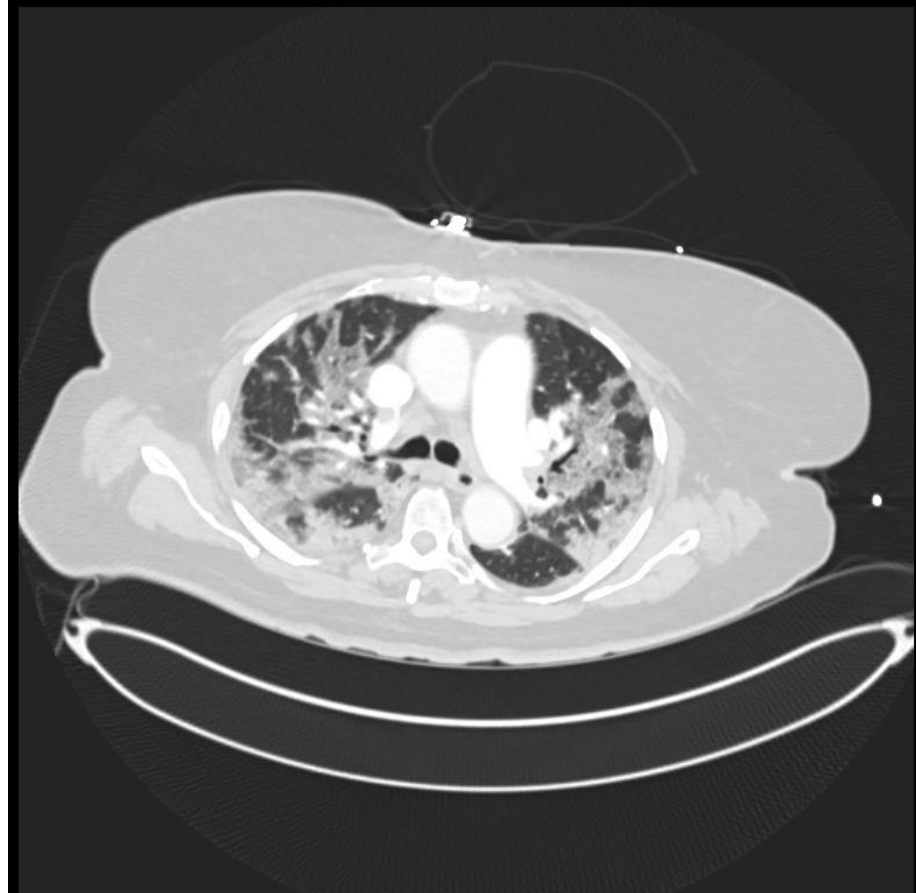
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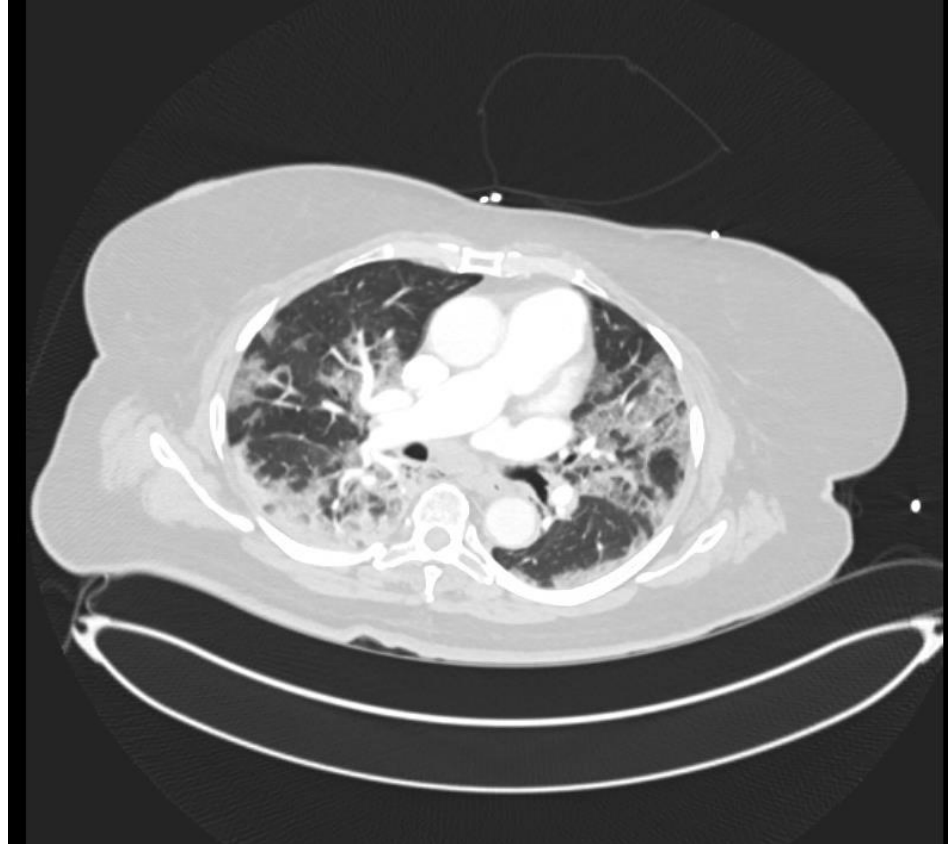


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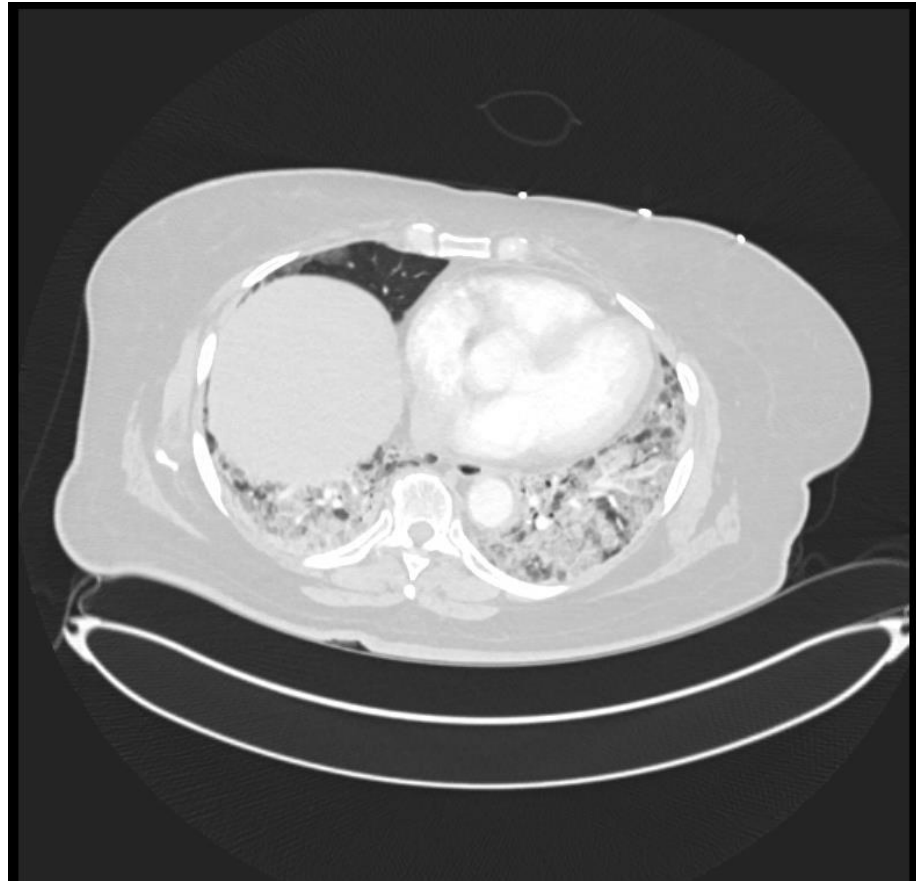




# Case Presentation



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# Case Presentation

- 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