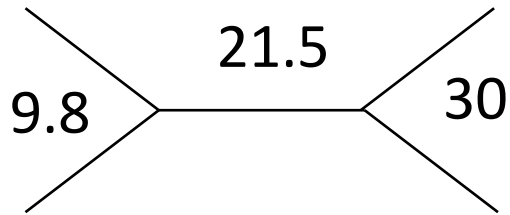


# Example case

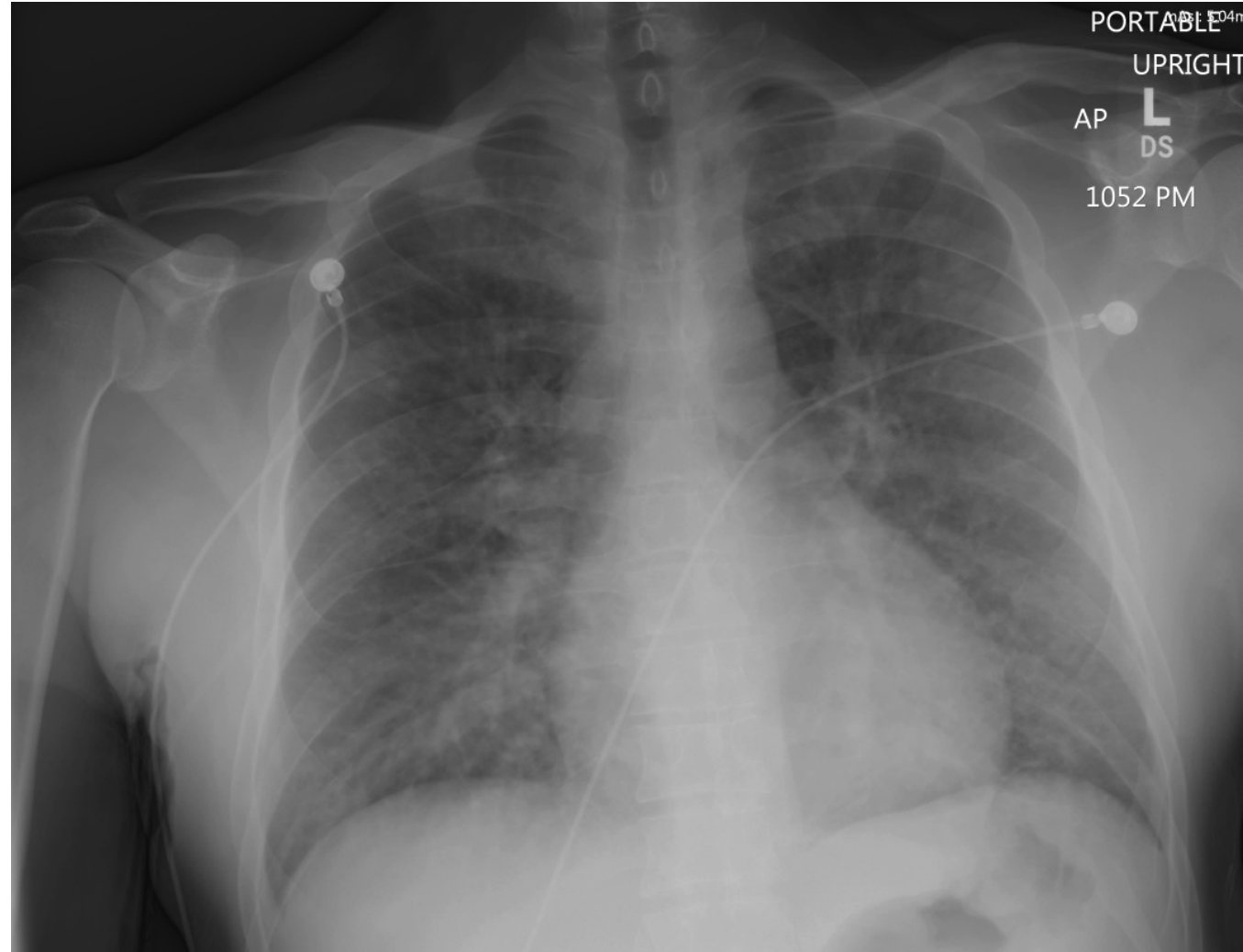
- 40ish M presented to the ED
- 4 days of chest and abdominal pain
- 2 days of vomiting
- Initial vital signs
  - BP 140/86
  - HR 116
  - O2 94
  - RR 18
  - T 36.6

- Exam:
  - CV: tachy
  - Resp: tachypneic
  - Abd: nontender
  - Unremarkable rest of exam

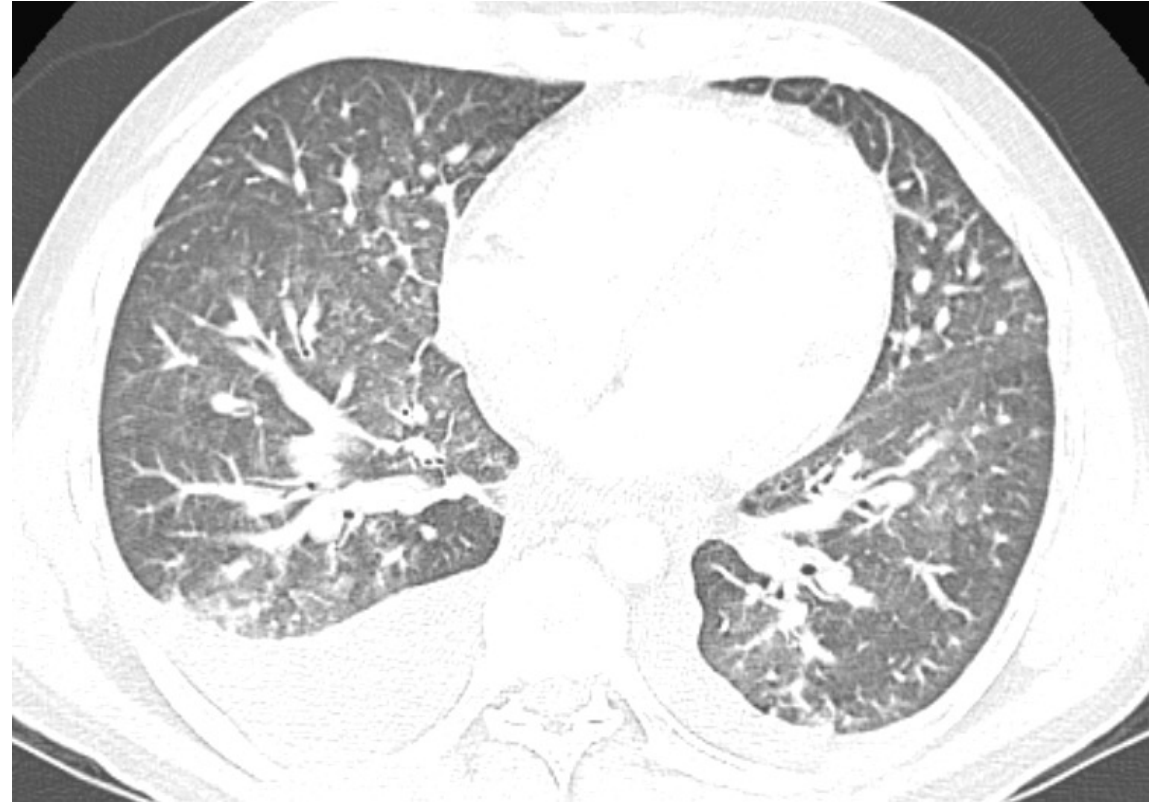
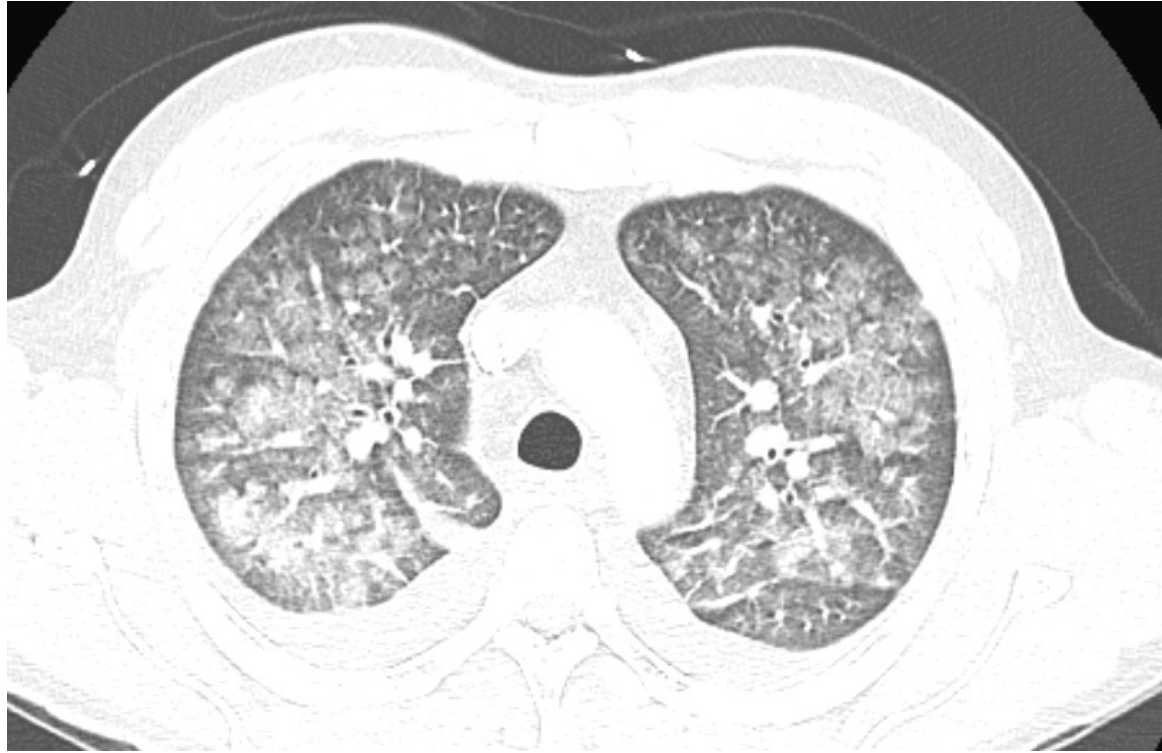


11% bands, 26% atypical lymphs

0 Bands



- 2 hours after presentation
  - Worsening SOB, new hypoxia of 75% on RA
  - Placed on NRB 15L and then BiPAP
- While awaiting transfer
  - Developed shock, avoided aggressive fluid resuscitation
  - Was on vanc/pip-tazo/azithro
  - Started on hydrocortisone 100mg q6
  - Intubated while awaiting transfer to tertiary care center



# Case continued

- At tertiary care center bilateral femoral sheaths placed, but never put on ECMO
- Extubated 2d later, (4d after presentation)

Hanta Virus Ab	STAT
Hantavirus IgM	@ Positive Negative
	Screen positive, confirmation to follow. Sent to New Mexico Scientific Laboratory for further testing.
Hantavirus IgG	@ Positive Negative
	Screen positive, confirmation to follow. Sent to New Mexico Scientific Laboratory for further testing.