

# The Stages and Treatment of Pneumonia in the Elderly & Aged Grown-ups

The patient is a 75-year-old male with a long history of smoking and chronic obstructive pulmonary disease (COPD). He presents with a 4-day history of cough, sputum production, and fever.

On physical examination, he has tachypnea, hyperinflation of the chest, and scattered wheezes. There is no focal consolidation or crackles.

His vital signs are: temperature 38.2°C, heart rate 105 bpm, respiratory rate 22 breaths per minute, and oxygen saturation 92% on room air.

## A. History

The patient reports a 4-day history of cough with yellow-green sputum. He also has a low-grade fever and feels generally unwell. He has a long history of smoking (40 pack-years) and is currently on a long-term low-dose inhaled corticosteroid and long-acting beta-agonist for his COPD.

He has no recent travel history, sick contacts, or recent antibiotic use. He has no known allergies and is on no other medications.

He has a history of hypertension and type 2 diabetes mellitus, which are well-controlled with medication. He has no known drug allergies.

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Chest exam

Lungs hyperinflated

Faintly

Scattered wheezes throughout

No crackles

Cardiovascular exam: normal heart rate and rhythm, no murmurs, rubs, or gallops.

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2. I will use a long-acting beta-agonist (LABA) and a long-acting muscarinic antagonist (LAMA) for his COPD.

For his pneumonia, I will use a beta-lactam antibiotic (amoxicillin) and a macrolide antibiotic (azithromycin). I will also use a corticosteroid (prednisone) to reduce inflammation.

1. History

B. Physical exam

C. Vital signs

D. Chest exam

E. Cardiovascular exam

F. Labs

G. Rx

H. Plan

I. Follow-up

J. Discharge

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