

^ tip: best experienced in continuous scrolling mode

Crossover Events

Vincent Fu, MD (PGY-1) | 17 January 2023



LOYOLA
MEDICINE

DISCLOSURES

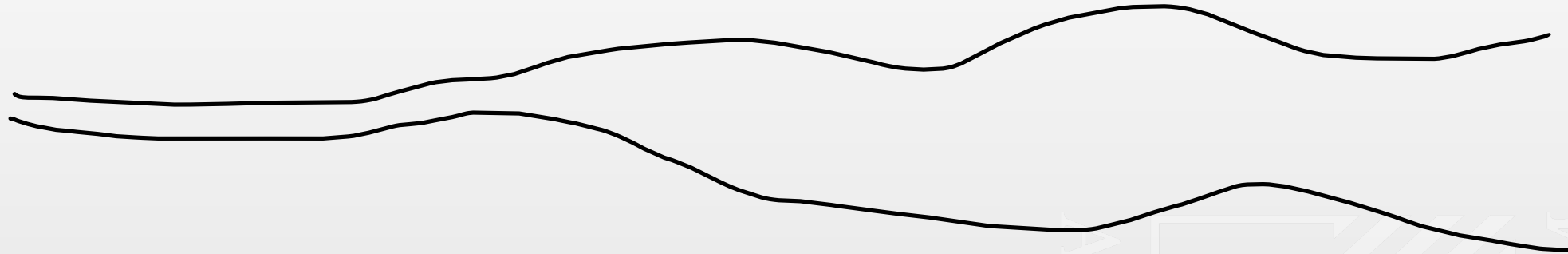
No financial disclosures to report.



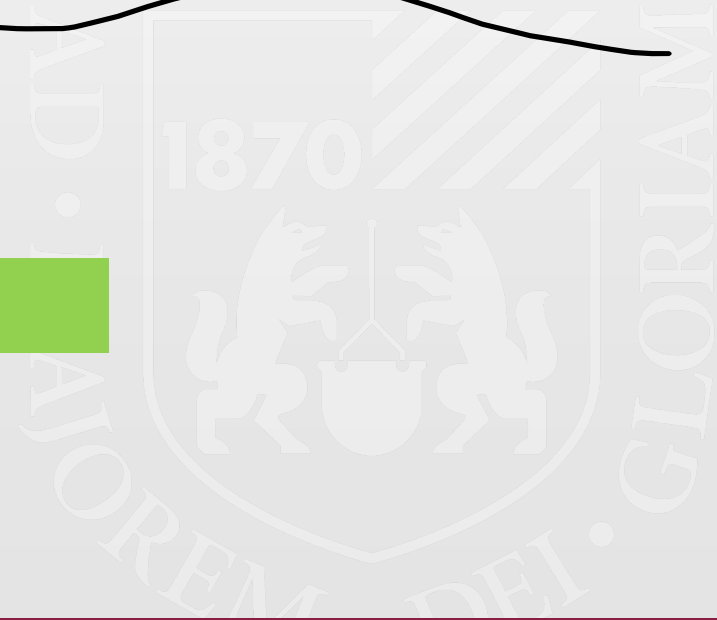
CROSSOVER EVENTS

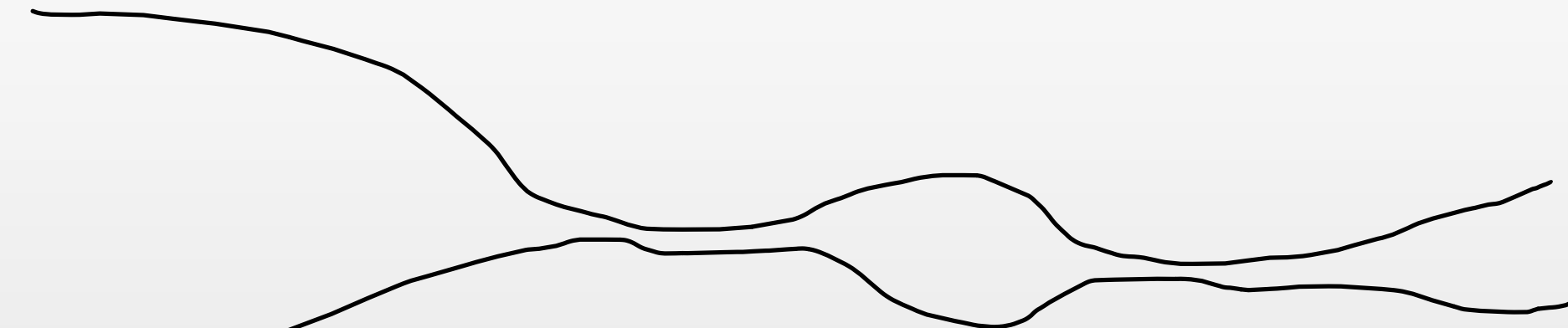
Lifelines





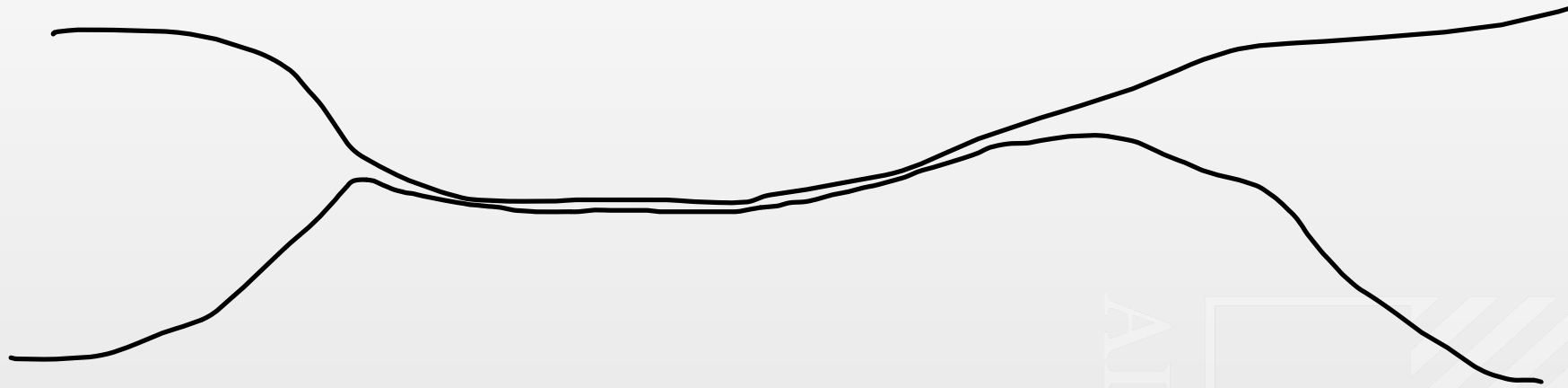
Best Friend - Childhood



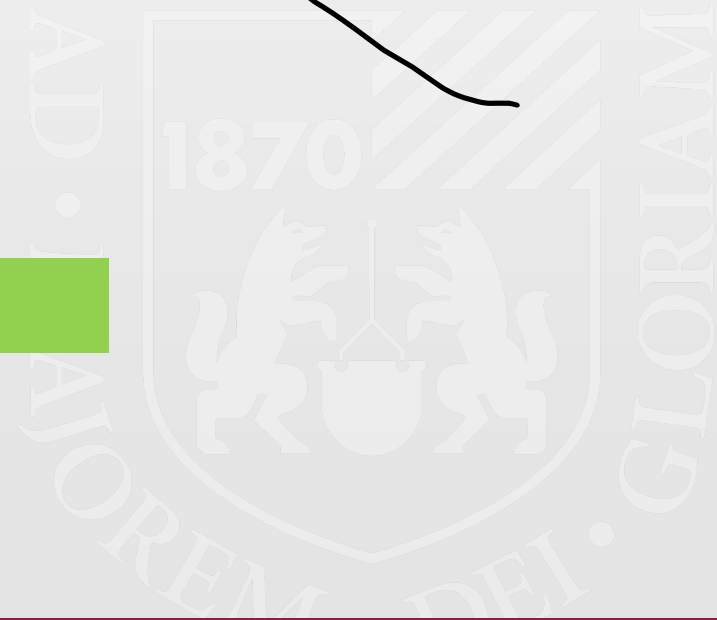


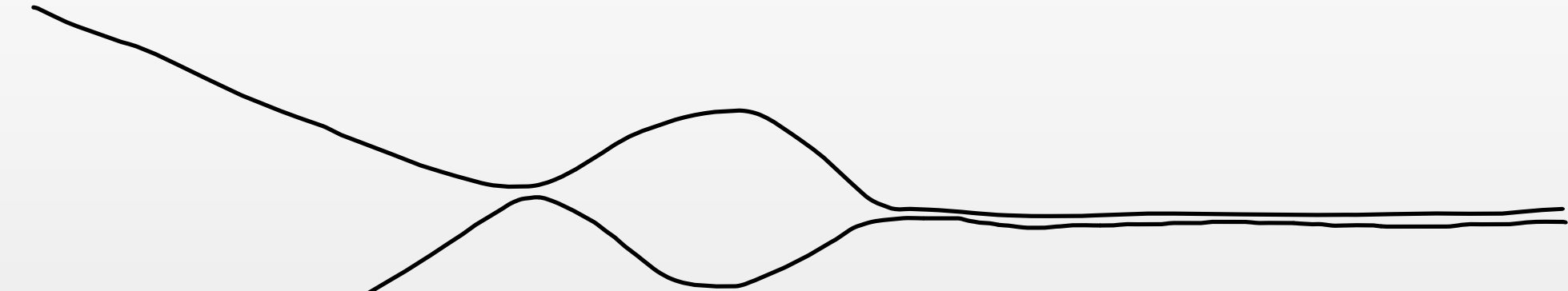
Best Friend - College



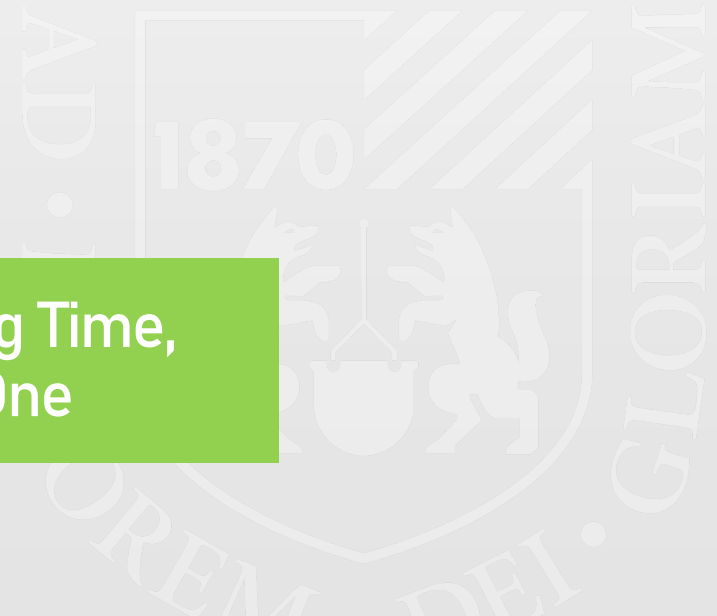


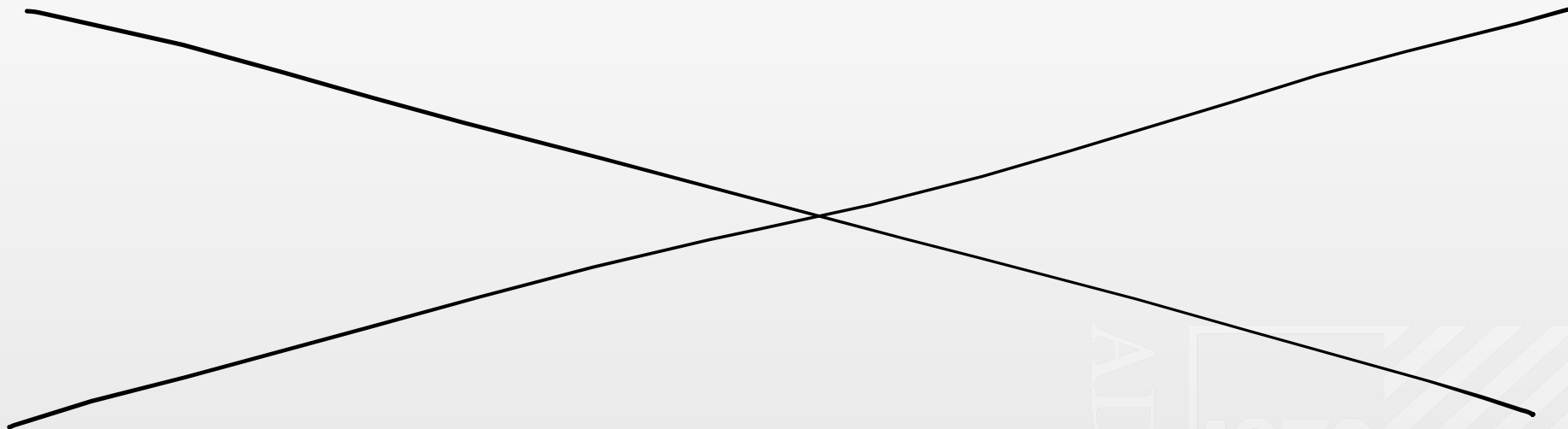
First Love





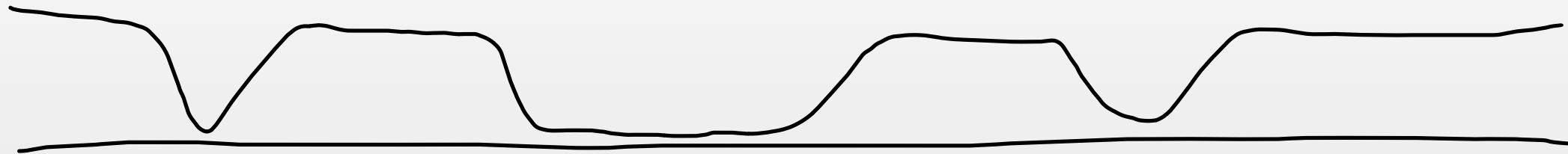
Someone You Meet at the Wrong Time,
Then Re-Meet at the Right One





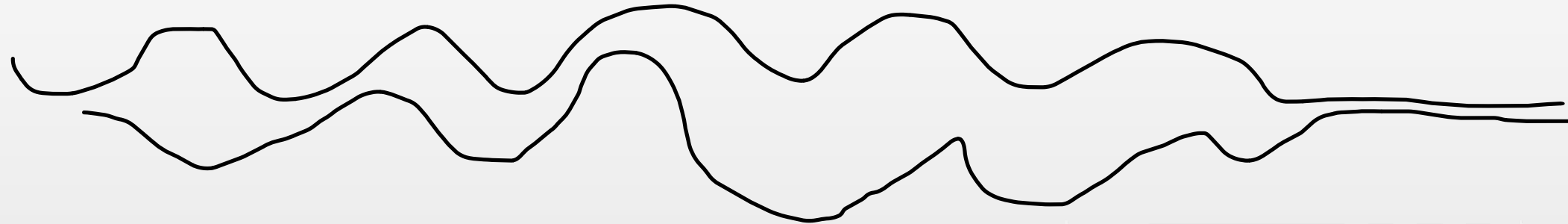
One Night Stand / Most ED Patients





Therapist





Sibling





Parent





Dog / Cat



Crossover Event

when one lifeline aligns with another
in space, time, and experience



CROSSOVER EVENTS

From a Recent Shift





VF



LUMC ED Swing Shift

12 January 2023

Attending: Dr. Fleming

12 JAN 2023

MEETING DR. FLEMING

1300

EF

*"I'm a Stritch alumna,
originally from Toronto!"*



1415

CHEMO/ABD PAIN | DISCHARGE WITH F/U

1600

ABSCISS/TEMPLE | I&D > DISCHARGE

1715

FLUID OVERLOAD | DISCHARGE WITH LASIX, F/U

1845

FALL/ANKLE FX | DISCHARGE WITH F/U

1930

B1

READY FOR PROVIDER

50M | PSYCH EVAL/WOUND CHECK

Patient here with family, brought in by EMS.

Involuntary cert via court order; Mother has papers.

Denies SI/Hi. Calm & cooperative with staff.

VF: Standard psych labs are already ordered:
CBC, BMP, UDS, EtOH, COVID.

EF: Great! Let's finish dispo for others,
and you can go talk to him in a bit.

2000

VF: *Hi there, what can we help with tonight?*

B1

50M | PSYCH EVAL/WOUND CHECK

IN PROCESS

"I'm really sorry to bother y'all.

I'm embarrassed as hell about my skin.

I want to get better, but I am ashamed of how I look, and the awful smell. I'm warning you."

SCHIZOPHRENIA

DISSECTING CELLULITIS

2015

Subjective

██████████ 50y male with CC: **Psych evaluation**

Accompanied by: mother & sister / HPI provided by: patient, mother, sister

Brought in by EMS and family with involuntary cert d/t not caring for self at home.
-- Court order cert scanned into pt chart.

Has dx of schizophrenia and Dissecting Cellulitis of Scalp, with innumerable purulent wounds and tissue breakdown on his scalp, bilateral shins, neck, and somewhat on the back.

Patient states he is deeply embarrassed about his appearance and hygiene, even with close family members at home. Will not allow his mother or sister, who is a nurse, see and treat his wounds or change his dressings. As a result, he spends most of his time in his room, isolated from the rest of the house.

Has not changed wound dressings for 1 month, states he understands he is supposed to change them 3x/week. Has not showered for some time as well.

Pt states he takes "way more ibuprofen than I'm supposed to" in order to control the pain. Denies any other medications.

Denies SI/HI, though family notes pt not taking care of self at home as above. Per patient's mother, have been discussing coming to the hospital for "about a year" and finally are here today.

Through shared decision making and discussion with patient and family members, patient is amenable to receive treatment for his wound care, and then further psychiatric treatment to improve his self esteem and confidence.

Patient, his mother, and his sister are all hopeful and grateful at this time.

History

Past Medical History: Dissecting Cellulitis, Schizophrenia

2045

VF: This definitely looks more complex than just the medical clearance we thought.

He's got extensive skin breakdown and what looks like fossilized pus....

I think we should give him a full exam.

EF: Agreed. We'll plan for a psych inpatient admit, but we should clean the wounds first.

If all looks good, we will clear for transfer. If they need some care, obs overnight.

VF: Can we get him into a private bay?

KP: Was just coming to ask you guys!

I'm shuffling people around and he'll go in Bay 10 after it's cleaned.

EF: Please never say fossilized pus again.

KP

2055

Pt moved to Bay 10

2100

KD

EF: signout to Dr. Donaldson

KD: assisting in active patient assessment

KP: CHD bath is ready!

VF: assisting in cleaning & relaying orders

2115

VF: Wow... this is actually really bad.
We might even need burn or derm.
I'll get some photos.

CONTENT ADVISORY

KP: Definitely.



2140

EF: consulted burn; medicine admit

KD: ordered IV abx for significant wounds, nonhealing with concern for infection; consulting with burn, medicine, psych

2145

CBC

[!!!] Hgb = 6.7

KD: *I talked to him, he agreed to the transfusion.*

VF: *I'll get the consent form.*

EF: *I'll get the orders in.*

KP: still cleaning like a champ

CBC

| Code | Ref Range & Units | 4 d ago |
|---|-------------------|--------------------------------------|
| WBC | 3.5 - 10.5 K/UL | 10.2 |
| RBC | 4.20 - 5.80 M/UL | 3.47 ▼ |
| HGB | 13.0 - 17.5 GM/DL | 6.7 ▼ |
| HCT | 38.0 - 54.0 % | 24.0 ▼ |
| MCV | 82.0 - 99.0 FL | 69.2 ▼ |
| MCH | 27.0 - 34.0 PG | 19.3 ▼ |
| MCHC | 32.0 - 36.0 GM/DL | 27.9 ▼ |
| RDW | 11.0 - 15.0 % | 20.0 ▲ |
| PLT CNT | 150 - 400 K/UL | PLATELET CLUMPS PRESENT. ESTIMATION. |
| Comment: CRITICAL VALUES FOR THIS TEST WILL ONLY BE CALLED ON ALL OUTPATIENTS, ADMISSIONS OR INPATIENTS WHO HAVE NOT HAD SIMILAR RESULTS WITHIN THE PAST 30 DAYS. | | |
| DIFF TYPE | | MANUAL |
| SEG % | | 71 |
| SEG # | 1.5 - 7.0 K/MM3 | 7.2 ▲ |
| LYMPH % | | 12 |
| LYMPH # | 1.0 - 4.0 K/MM3 | 1.2 |
| MONO % | | 11 |
| MONO # | 0 - 1.0 K/MM3 | 1.1 ▲ |
| EO % | | 4 |
| EO # | 0.0 - 0.7 K/MM3 | 0.4 |
| BASO % | | 2 |
| BASO # | 0.0 - 0.2 K/MM3 | 0.2 |
| POLYCHROMASIA | | FEW/SLT |
| TARGET CELLS | | MOD |
| PLT EST | NORMAL | NORMAL |
| Resulting Agency | | LUMC CLINICAL LABORATORY |
| Specimen Collected: 01/12/23 19:30 | | Last Resulted: 01/12/23 21:54 |

2200

*VF: Patient is now refusing transfusion.
He won't sign the pad.
We spoke at length about the risks and benefits.*

EF: We will still admit as planned.

2240

*VF: Feeling drained.
Final orders/handoff, then home.*

MIDNIGHT

0100

+1

DINNER & RELAX

Wondering how the patient is doing.

Paged by Psych on AMSConnect with recs.

Replied: Sorry I'm off duty now but thanks anyway!

Checking Haiku for latest notes.

Zzz

1300

+1

NEXT MORNING

My initial note and our team's assessment has potentially been read by hundreds of care team members.

This patient has crossed over so many lives today.

BACK AT THE ED....

12 JAN 2023

2221

Burn consult saw patient and do not recommend debriding but would like to consult/get dermatology involved. Would recommend admission to medicine with dermatology consult. [KD]

2227

BMP

| Component | Ref Range & Units | 4 d ago |
|---|-------------------|---------|
| SODIUM | 136 - 144 mmol/L | 138 |
| POTASSIUM | 3.3 - 5.1 mmol/L | 4.4 |
| Comment: 1+ HEMOLYSIS-HEMOLYSIS INTERFERES WITH THE MEASUREMENT OF THIS ANALYTE | | |
| CHLORIDE | 98 - 108 mmol/L | 105 |
| CO2 | 20 - 32 mmol/L | 24 |
| ANION GAP | 4 - 16 | 9 |
| BUN | 7 - 22 MG/DL | 21 |
| CREATININE | 0.6 - 1.4 MG/DL | 1.00 |
| GLUCOSE | 70 - 100 MG/DL | 79 |
| CALCIUM | 8.9 - 10.3 MG/DL | 8.7 ▼ |
| ESTIMATED GFR | >59 ML/MIN/1.73M2 | 92 |

No clinically significant abnormalities on BMP [KD]

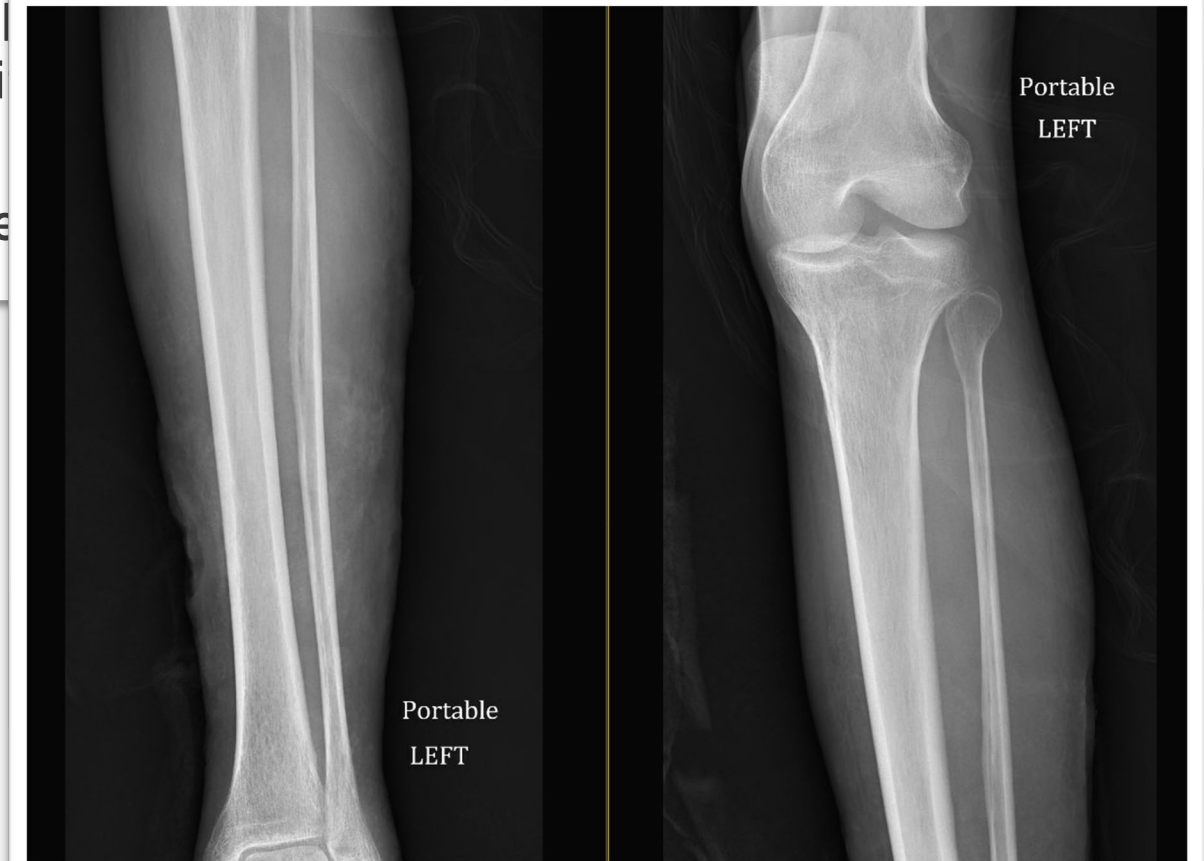
2347

Spoke with resident from admitting service regarding patient, plan and he will work to get psych on consult in morning. [KD]

2352

XR TIBIA FIBULA, BILATERAL

Bilateral leg soft tissue wounds.



MIDNIGHT

13 JAN 2023

0000

+1

Spoke with psych regarding patient. Asked for eval for capacity to make med decisions (eg transfusion). At this time holding transfusion. But will have admitting team revisit.

Also discussed need to eval patient from psych perspective given sent by court for inpatient psych admission. [KD]

0001

+1

Spoke with dermatology regarding patient. Agrees with abx and keep wounds covered but no debridement. Will see him in morning.

No further labs at this time. [KD]

0110

+1

PATIENT ADMITTED | GEN MED

Pt to floor with transport and security.
All pt belongings sent home with family. [RN]

1048

+1

CT LOWER EXTREMITY, BILATERAL

Bilateral distal lower extremity skin thickening, soft tissue edema. Skin defects in the left lower extremity as above.

Findings are concerning for cellulitis without evidence of subcutaneous emphysema, abscess, or osteomyelitis.

1800

+1

Medicine | Burn | Psych | Derm | GI | Social Work | RNs

MIDNIGHT

14 JAN 2023

1800

+2

Medicine | GI | PT/OT | Wound Care | RNs

MIDNIGHT

15 JAN 2023

MIDNIGHT

16 JAN 2023

MIDNIGHT

17 JAN 2023

1140

+5

IV Abx x2: Zosyn - end 1/20 | Vancomycin - end 1/19

ID to consult, Psychiatry to consult. PT recs for HHC. [RN]

NOW

DISSECTING CELLULITIS ??

SIDENOTE

Dissecting Cellulitis of the Scalp



DISSECTING CELLULITIS OF THE SCALP

Characterization



aka **Hoffman disease**

chronic inflammatory disorder with boggy, suppurative nodules that are often associated with patchy hair loss

follicular occlusion may be a key pathogenic event

may occur in association with other follicular occlusive disorders such as **acne conglobata, hidradenitis suppurativa, and pilonidal cysts**

DISSECTING CELLULITIS OF THE SCALP

Clinical Manifestations



Drainage of **pus or blood** from involved skin is common.

Because **interconnecting sinuses** are often present between nodules, the application of pressure to a nodule can result in drainage from a distant site.

Patients often use **head scarves, hats, or gauze dressings** to hide these clinical manifestations.

Exudate from nodules of DCS is usually sterile; however, **secondary infection** can occur.

Staphylococcus aureus, *Pseudomonas aeruginosa*, and **anaerobic bacteria** have been isolated from sites of DCS.

DISSECTING CELLULITIS OF THE SCALP

Treatment



Key outcomes of treatment:
reduce **inflammation**, reduce **follicular occlusion**,
and prevent and treat **secondary infection**.

PO antibiotics and **isotretinoin** most common.

DISSECTING CELLULITIS OF THE SCALP

Psych + Rare Disease



CROSSOVER EVENTS

Takeaways



TAKEAWAYS

Jack of all trades;
master of **decision.**



TAKEAWAYS

Be mindful of your own
crossover events.





NOW

+5

17 JAN 2023 | CONFERENCE DISCUSSION

1200

+∞

NEXT CROSSOVER EVENT:

CASE FOLLOW-UP

Thank You

Dr. Fleming | Dr. Donaldson | Kara, RN

inline references provided throughout deck

