

DATE OF ADMISSION: 3-27-85

HISTORY OF THE PRESENT ILLNESS: This is a 45-year-old man admitted with a chief complaint of shortness of breath. The patient has a lifelong history of asthma. Apparently he has only been hospitalized once or twice in the past. Currently he is a graduate student at Stanford and only goes to their clinic when he is ill. He is apparently taking an unknown amount of prednisone, Sudafed, a theophylline preparation, and steroid inhaler. According to his wife, over the past few weeks he has become increasingly short of breath. He has not had any fever.

They were just on a vacation in Santa Barbara and on the way back when he had difficulty breathing and came to the Emergency Room. At that time, he had a pH of 6.99 with a pCO₂ of 88 on room air. He was then intubated with some relief of symptoms. A chest x-ray was clear.

PAST MEDICAL HISTORY: He has had no surgery. He has no known medicine allergies. He does not smoke.

REVIEW OF SYSTEMS: Essentially negative.

PHYSICAL EXAMINATION

GENERAL: A 45-year-old male in moderate respiratory distress.

HEENT: Without jaundice. PERRLA. Pharynx is benign. There is a endotracheal tube in place.

LUNGS: Bilateral tight wheezes.

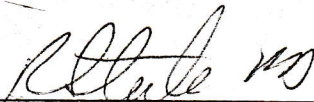
COR: Regular rhythm without murmur or gallop.

ABDOMEN: Soft without organomegaly.

EXTREMITIES: Without cyanosis or edema.

IMPRESSION:

Acute respiratory failure secondary to bronchial asthma.



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jmi
D&T 3-27-85

HAYWORTH
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HISTORY & PHYSICAL
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