ICU Patient Progress & Rounds Summary

MERIDIAN GENERAL HOSPITAL | Intensive Care Unit, Ward 4B

Name:	Margaret L. Hartwell
DOB / Age:	12 March 1951 (75 yr)
MRN:	MGH-ICU-2026-00847
Admission:	19 July 2026 (Day 5)
Bed:	4B-07
Attending:	Dr. Sandra Osei-Bonsu, MD
Team:	Dr. Liam Kavanagh (Res.), Nurse P. Rajan
Allergies:	**Penicillin** (anaphylaxis), Sulfonamides (rash)

- Septic shock (gram-negative, urosepsis)
- Acute respiratory failure — ARDS (moderate)
- Acute kidney injury, stage II
- Type 2 diabetes mellitus
- Hypertension, chronic

HR (bpm)	SBP / DBP	MAP (mmHg)	Temp (°C)	SpO_2 (%)	RR (/min)	GCS	Pain (NRS)
102	98/62	74	38.7	94	22	12/15	3/10
(88–118)	(88–105/54–68)	(65–78)	(37.6–39.2)	(91–96)	(18–26)	(11–13)	(2–5)

Mode:	SIMV-PC	**FiO_2:**	0.55
RR set:	14/min	**PEEP:**	8 cmH_2O
PC:	18 cmH_2O	**PS:**	10 cmH_2O
VT:	410 mL	**Plateau:**	24 cmH_2O
MV:	8.2 L/min	**Drive P:**	16 cmH_2O

SBT trial planned if MAP $\geq$ 65 and norad $\leq$ 0.1 µg/kg/min by 10:00

Intake		Output	
IV fluids:	1,450 mL	Urine:	920 mL
NG feeds:	800 mL	Drain:	35 mL
Medications:	320 mL	NGT:	110 mL
Blood prods.:	0 mL	Insensible:	≈300 mL
Total in:	**2,570 mL**	**Total out:**	**1,365 mL**

Balance: +1,205 mL (cumulative: +4,810 mL)

Neurological GCS 12 (E3V4M5). Sedation: propofol 30 mg/h, fentanyl 25 μg/h. RASS –1 (target –1 to 0). CAM-ICU negative. Pupils equal 3 mm, reactive. No focal deficits. Pain managed; NRS 3. Continue daily sedation interruption at 08:00.

Respiratory Day 5 invasive MV. FiO_2 weaned from 0.60 to 0.55 overnight. P/F ratio 171 (moderate ARDS). Lung-protective strategy maintained. CXR: bilateral opacities, slight improvement L base. Suction: moderate white secretions. SBT eligibility reassessed 10:00. Prone positioning not required today.

Cardiovascular Persistent septic physiology; vasopressor requirement trending down. Noradrenaline 0.15 μg/kg/min (was 0.22 yesterday). Echo (22 Jul): LVEF 50%, no regional wall motion abnormality; mild tricuspid regurgitation. CVP 10 mmHg. Sinus tachycardia — rate-control not indicated. Repeat 12-lead ECG ordered.

Gastrointestinal / Nutrition NG feeding at 40 mL/h (Meridian Peptide Formula, 1.2 kcal/mL; target 1,440 kcal/day). Residuals < 150 mL; feeds not held. Bowels: no motion since admission — lactulose added today. LFTs mildly elevated (ALT 72, AST 68 U/L); monitoring trend. Pantoprazole 40 mg IV OD for GI prophylaxis.

Renal AKI stage II — urine output 920 mL/24 h (0.51 mL/kg/h); improving. Creatinine 214 μmol/L (was 261). No CRRT today; reassess if UO < 0.3 mL/kg/h or $K^+ > 6.0$. Electrolytes being repleted (K^+ 3.2 — see below). Avoid nephrotoxins; meropenem dose-adjusted for GFR 28.

Haematology Hb 87 g/L (threshold for transfusion <70 g/L — hold). Plt 94×10^9/L, trending up. INR 1.6. DIC screen negative. VTE prophylaxis: enoxaparin 20 mg SC OD (renally adjusted). Compression stockings in situ.

Infectious Disease Source: urosepsis — E. coli $ESBL^+$ (urine culture 20 Jul). Day 5 of meropenem 500 mg IV q12h (adjusted). ID team reviewed — continue current regimen; de-escalation pending 48 h sensitivity. Procalcitonin trend: 18 → 9.4 ng/mL. CRP 124 (was 210). Fever persistent; urine output improving.

Endocrine / Metabolic Insulin infusion protocol: current rate 2 U/h; BGL 06:00: 8.4 mmol/L (target 6–10). HbA1c 9.2% (on admission). K^+ 3.2 — K-replacement 40 mmol in 100 mL 0.9% NaCl over 4 h, then recheck. Mg^{2+} 0.68 mmol/L — supplement ordered. Thyroid function normal.

Haematology		Biochemistry		Blood Gas (07:00 ABG)	
WBC ($\times 10^9$/L)	**13.4 H**	Na^+ (mmol/L)	**138**	pH	**7.34 L**
Neutrophils	**11.8 H**	K^+ (mmol/L)	**3.2 L**	pCO_2 (kPa)	**5.8**
Hb (g/L)	**87 L**	Cr (µmol/L)	**214 H**	pO_2 (kPa)	**9.4 L**
Platelets ($\times 10^9$/L)	**94 L**	Urea (mmol/L)	**18.6 H**	HCO_3^- (mmol/L)	**20 L**
INR	**1.6 H**	CRP (mg/L)	**124 H**	Lactate (mmol/L)	**1.9 H**
APTT (s)	**38**	Albumin (g/L)	**22 L**	BE (mmol/L)	**–5.2 L**
Fibrinogen (g/L)	**3.8**	Total bili (µmol/L)	**28 H**	P/F ratio	**171 L**

Critical flags: K^+ 3.2 (replacing IV) | pH 7.34 (metabolic acidosis, improving) | Lactate 1.9 (trending down from 3.4 on admission)

Drug	Dose / Route	Frequency	Indication	Notes
Meropenem	500 mg IV	q12h	Sepsis / ESBL	Renal-adjusted
Noradrenaline	0.15 µg/kg/min	Continuous	Vasopressor	Wean target MAP ≥65
Propofol 1%	30 mg/h	Continuous	Sedation	RASS target –1 to 0
Fentanyl	25 µg/h	Continuous	Analgesia	NRS target ≤3
Insulin (actrapid)	2 U/h	Continuous	Glycaemic ctrl	BGL 6–10 mmol/L
Pantoprazole	40 mg IV	OD	GI prophylaxis	
Enoxaparin	20 mg SC	OD	VTE prophylaxis	Renal-adjusted
KCl replacement	40 mmol IV	Once (today)	Hypokalaemia	Over 4h in 100 mL 0.9% NaCl
Lactulose	30 mL NG	TDS	Constipation	Commenced today
Magnesium sulfate	10 mmol IV	Once	Hypomagnesaemia	Over 2h
Heparin flush	10 U/mL	PRN	CVC maintenance	
Paracetamol	1 g IV	q6h	Analgesia / pyrexia	

Infection Control

- [x] Hand hygiene bundle
- [x] Contact precautions active
- [x] CVC site checked & dressed
- [x] IDC site clean; secured
- [x] ETT cuff pressure 20–25 cmH_2O
- [ ] Blood cultures (if temp >38.5)
- [x] Chlorhexidine mouth care

Safety & Monitoring

- [x] Bed head elevated 30–45°
- [x] Restraints assessed
- [x] Fall risk assessed
- [x] Pressure area check (Braden 13)
- [x] Turn q2h schedule active
- [x] Compression stockings
- [ ] Delirium — CAM-ICU (08:00)

Goals of Care

- [x] Goals of care documented
- [x] Resuscitation status: Full code
- [x] Family meeting booked (14:00)
- [ ] Physiotherapy — passive ROM
- [ ] Social work referral
- [x] Nutrition dietitian reviewed
- [x] Daily consent form reviewed

Completed Flagged Pending

Active Problem List

#	Problem	Status / Notes	Priority	Resp.
1	Septic shock (urosepsis, ESBL E. coli)	Improving — vasopressor weaning	High	ICU
2	Moderate ARDS	Lung-protective MV; SBT planned	High	ICU
3	AKI stage II	Urine output improving; avoid CRRT today	Med	ICU/Renal
4	Hypokalaemia (K^+ 3.2)	IV replacement ordered; recheck 12:00	Med	ICU
5	Metabolic acidosis	pH 7.34, improving trend; monitor	Med	ICU
6	Ventilator-associated pneumonia risk	Bundle compliant; no new infiltrates	Med	ICU
7	Constipation	Lactulose commenced	Low	ICU
8	Pressure injury risk	Braden 13; turn protocol active	Low	Nursing

Assessment & Plan — Dr. Sandra Osei-Bonsu

Overall Impression: Mrs. Hartwell is showing *cautious improvement* on day 5. Vasopressor requirements continue to trend down; renal function recovering. ARDS remains moderate — lung-protective strategy is key. Goals: wean noradrenaline to $\leq$0.05 µg/kg/min; consider SBT if haemodynamics allow; optimise electrolytes; continue antibiotics per ID guidance.

Respiratory

- Maintain lung-protective ventilation (VT 6 mL/kg IBW, plateau $\leq$28)
- Wean FiO_2 by 0.05 increments if $SpO_2 \geq 93\%$
- SBT trial (30-min T-piece) at 10:00 if criteria met
- Repeat CXR 14:00; physiotherapy sputum clearance
- If SBT fails: resume SIMV-PC, re-trial 48 h

Cardiovascular

- Noradrenaline: titrate to MAP $\geq$ 65; wean if stable
- 12-lead ECG (tachycardia work-up)
- Repeat echocardiogram day 7 if haemodynamics worsen
- Conservative fluid strategy; target net-even or negative today

Renal

- Hourly urine output monitoring; strict I&O
- Hold CRRT if UO $>$0.5 mL/kg/h maintained
- Nephrology to review if Cr not declining by tomorrow
- Avoid all nephrotoxic agents

Infectious Disease

- Continue meropenem 500 mg q12h (day 5 of planned 14-day course)
- De-escalation plan: review sensitivity results 26 Jul
- Daily procalcitonin trending; target $<$2 before de-escalation
- No new source identified; IDC remains — reassess removal day 7

Neurological / Sedation

- Daily sedation interruption 08:00; target RASS –1 to 0
- Fentanyl: consider switch to oral morphine when extubated
- CAM-ICU q8h; early mobilisation when haemodynamically stable
- Sleep hygiene protocol active — lights off 22:00

Nutrition / GI

- Continue NG feeds 40 mL/h; dietitian review 26 Jul
- Lactulose 30 mL TDS — monitor for response
- LFT recheck 26 Jul; hold statin if ALT $>$3× ULN
- Add multivitamin supplement to NG regimen

Electrolytes / Endocrine

- Replace K^+: 40 mmol IV; recheck 12:00
- Replace Mg^{2+}: 10 mmol IV over 2 h
- Insulin protocol: BGL target 6–10 mmol/L; recheck q2h
- HbA1c noted 9.2% — endocrine outpatient follow-up on discharge

Procedure Log

Date	Procedure	Operator
19 Jul	Oral intubation (RSI)	Dr. Kavanagh
19 Jul	R subclavian CVC insertion	Dr. Osei-Bonsu
19 Jul	IDC insertion	RN Priya Rajan
20 Jul	Arterial line — R radial	Dr. Kavanagh
21 Jul	NG tube insertion (blind)	RN Marcus Teele
22 Jul	Bedside echo (POCUS)	Dr. Osei-Bonsu
24 Jul	K^+ / Mg replacement (today)	Pharmacy / Nurse

CVC day 5: Change or review by day 7 per protocol.

Communication Log

Time	Event / Note
06:45	Handover from night team (RN M. Teele)
07:00	Rounds commenced — full team
07:30	ID consult reviewed chart; plan agreed
08:00	Sedation hold — patient responsive
08:45	Family (daughter, James H.) phoned; updated re: condition
09:00	Dietitian plan updated in EMR
14:00	**Family meeting** — Dr. Osei-Bonsu, Family

Next of kin: James Hartwell (son), +1-555-0192

Dr. Sandra Osei-Bonsu, MD, FRCPC
Attending Intensivist — Meridian General Hospital ICU
Staff ID: **MGH-ICU-0042** Pager: **4B-021**

Countersigned: Dr. Liam Kavanagh (Resident, PGY-4)

Rounds completed: 07:00 – 08:15
Documentation: 08:30, 24 Jul 2026
Next rounds: 18:00 (evening)

Attending Signature