Averyn Care

Family Briefing — Susan

Hospital admission update (non-clinical)
As of Jan 3, 2026 • 1:30 AM PT (4:30 AM ET)

🟦 Quick read

- Susan is admitted at Cedar Memorial Hospital on a monitored unit (6 West Surg PCU, Room E412 / Bed 02 Bed 02).
- Her symptoms after the esophageal stent included significant chest/upper-abdominal discomfort, vomiting, constipation, and low fluid intake.
- Imaging and labs raised concern for a lung infection/irritation (pneumonia vs aspiration-related inflammation). She has started treatment (IV fluids + antibiotics) and is on continuous monitoring.
- One heart-related blood marker has been higher than expected and increased on repeat checks, so the team is monitoring her heart closely (continuous heart monitoring, repeat labs, and an ultrasound of the heart is planned).

Main immediate concern being treated: lungs/aspiration + hydration; heart tests are being monitored because illness can stress the heart.

⚠️ How serious is this right now? (Averyn 48-hour risk gauge)

Based on what's visible in the hospital portal so far, this looks like more than a precautionary visit, but she is not showing signs of immediate crisis such as needing ICU-level breathing support right now. The hospital is treating and monitoring several issues at once, which is why she is admitted.

1 Precautionary / Observation	2 Treatable & Stable	3 Moderate Risk	4 High Risk	5 Critical Risk
Mostly watchful evaluation; likely discharge in <24h if stable.	Inpatient treatment may be brief; low chance of rapid decline.	Needs close monitoring; meaningful risk of complications.	Unstable or high chance of ICU escalation if things worsen.	Immediate life-threat; very high risk in next 48 hours.

Current estimate: Level 3 of 5 (Moderate risk). She is being treated for a suspected lung infection/aspiration-related inflammation and dehydration, and the team is also evaluating a rising heart-stress marker. Her vital signs in the ED were stable and major immediate threats like a large blood clot in the lungs were ruled out on CT, which is reassuring — but the combination of age, recent procedure, infection risk, and the heart marker is why the next 24–48 hours matter.

📈 Are things trending better or worse?

At this moment, the picture is mixed: some findings are reassuring and treatment is underway, but there are still a few key areas the team is watching closely.

Signs in the "stable / improving" direction:

- She has been stable enough to be cared for on a monitored medical-surgical/step-down unit (not the ICU).
- CT imaging did not show a pulmonary embolism (a large blood clot in the lungs).
- She is receiving IV fluids, which should help correct dehydration and support kidney function.
- She is already on antibiotics and anti-nausea medication, which should help over the next 24–48 hours if infection/aspiration is the driver.

Areas still "trending uncertain / needs close watch":

- Lung findings were concerning for pneumonia or aspiration-related inflammation, which can worsen before it gets better.
- A heart-stress blood marker rose on repeat testing — this sometimes reflects strain from infection/dehydration, but it can also signal a heart problem, so the team is monitoring it carefully.
- Feeding tube tolerance and vomiting are still active issues; if reflux/back-up continues, there is ongoing aspiration risk.
- Cultures (blood/urine) may take time to finalize, and results can change the treatment plan.

🕒 Timeline & current location

- Dec 29: Esophageal stent placed to open a tight narrowing caused by the tumor (she also has a J-tube for feeding).
- Jan 2 (morning): Worsening discomfort, vomiting, constipation, and very low fluid intake; chills were reported.
- Jan 2 (~5:24 PM PT): Arrived at Cedar Memorial Emergency Department ; formally admitted around 6:18 PM PT.
- Jan 2 (evening): Workup included blood tests, ECG (heart tracing), chest X-ray, and CT scan (chest + abdomen/pelvis).
- Late Jan 2 (~10:59 PM PT): Transferred from the ED to the monitored inpatient unit.

Current location (per hospital portal): Cedar Memorial Hospital • 6 West Surg PCU • Room E412 / Bed 02.

🧭 Current bedside picture (overnight)

- **Breathing:** Room air noted so far; oxygen is available if she needs it.
- **Nutrition:** Feeding is being managed cautiously due to vomiting/aspiration risk (may be paused or restarted slowly as tolerated).
- **Mobility:** Up with assistance as tolerated; fall precautions in place.
- **Pain / nausea:** Being treated with pain and anti-nausea meds so she can rest and keep fluids/nutrition down.

⏳ What we're waiting on (next 12–24 hours)

- ☐ Early-morning repeat bloodwork (infection marker + hydration/electrolytes checks)
- ☐ Repeat heart-marker trend (to see if it levels off)
- ☐ Blood + urine cultures (to confirm/adjust antibiotics if needed)
- ☐ Echocardiogram (ultrasound of the heart) result
- ☐ Hospitalist plan after morning rounds (and any GI / nutrition / speech-swallow updates)

🧩 Support services involved (common in hospital stays)

- Nutrition team (to help with tube-feeding plan and hydration goals).
- Speech-swallow therapy (to help reduce aspiration risk when/if oral intake resumes).
- Physical/occupational therapy (to keep strength and mobility as safe as possible).
- AIM / palliative care consult may appear in the chart — often involved for symptom support (pain/nausea), not necessarily end-of-life.

🧪 What they're repeating to monitor progress

Hospitals often repeat a small set of labs to watch the "direction of travel." For Susan, the repeating / follow-up tests visible so far include:

- Heart marker ("troponin") — checked multiple times to see if it stabilizes or continues to rise.
- Blood counts — watches white blood cells (infection/inflammation) and anemia.
- Electrolytes + hydration/kidney panel — watches sodium/salts and dehydration markers while she's getting IV fluids.
- Magnesium (and other minerals as needed) — low levels can affect heart rhythm and overall weakness.
- Cultures — blood cultures and a urine culture were sent; these take time and help confirm (or rule out) certain infections.

Other monitoring that may repeat depending on how she does: oxygen checks, repeat chest imaging, and cardiac testing (echo) if the heart marker remains elevated.

🩻 Imaging completed so far

- Chest X-ray — showed changes that can be seen with pneumonia.
- CT scan of the chest/abdomen/pelvis — ruled out a large blood clot in the lungs and showed lung changes that can fit with infection or aspiration-related inflammation; it also noted fluid sitting in the esophagus above the stent, which increases aspiration risk.

🗓️ Discharge timing (best-guess range)

It's too early to know an exact discharge date. In situations like this, the length of stay usually depends on (1) how quickly the breathing/infection picture improves, (2) whether the heart evaluation stays reassuring, and (3) whether nausea/vomiting and tube feeding can be stabilized safely.

- Earliest plausible: late Sunday or Monday, if she responds quickly to treatment, stays stable on room air, and the heart marker stops rising.
- More likely: a few days in the hospital (often 3–5 days total) to complete treatment and confirm stability.
- Longer possible: up to a week or more if pneumonia/aspiration worsens, she needs oxygen support, cultures identify a harder-to-treat infection, the heart workup suggests a cardiac event, or feeding/hydration can't be stabilized.

The care team will generally look for: stable breathing, improving infection signs, stable heart testing, controlled pain/nausea, and a workable feeding/hydration plan before discharge.

✅ Next steps (Averyn)

- We will call the nurses station in the morning to confirm overnight status, current breathing support, and today's plan.
- We will send a follow-up briefing after early-morning labs and after the hospitalist has rounded (often late morning/early afternoon).

The hospital team is managing day-to-day care; family presence is welcome but not required for safety overnight.

When discharge gets closer, we'll share:

- Feeding instructions (tube feeds and/or soft diet guidance)
- Medication changes
- Warning signs to watch for at home
- Follow-up appointments and next steps

No action is needed from extended family right now — we'll keep everyone posted as we learn more.

📊 Key vitals & labs (portal snapshot)

Included for family members who prefer more detail. Values below reflect initial ED results and early repeats visible in the portal/ED note at the time of this update.

Vitals (ED)

Time	Temp	HR	BP	RR	O_2
Jan 2 • 6:01 PM	97.7°F	106	96/63	16	97% RA
Jan 2 • ~10:59 PM	97.9°F	76	104/63	19	97%

Key labs (high-level)

Area	Result	Meaning (plain English)
WBC 14.9 (high)	Infection/stress signal	Often rises with infection/inflammation; should trend down if improving.
Troponin 93 → 113 → 152 (rising)	Heart "stress" marker	Rising is why telemetry + echo are ordered; can rise from body stress or a true heart event.
Chest imaging abnormal	Lung issue	Supports pneumonia/aspiration irritation; watched for worsening or oxygen needs.
BUN 31 (high)	Dehydration marker	Often improves with IV fluids if kidneys are ok.
Na 134 / Cl 95 (low)	Electrolytes	Common with low intake/dehydration; usually correctable.
Hemoglobin 10.6 (low)	Anemia	May be baseline; monitored to ensure it stays stable.
Magnesium 1.7 (low)	Mineral level	Often replaced; important for heart rhythm and strength.

Footnote / disclaimer: *This briefing is compiled by Averyn from a limited subset of information visible in the hospital portal at the time of writing. It is not a diagnosis, not medical advice, and not a substitute for the clinical team's judgment. The "risk gauge," trend notes, and discharge window are non-clinical estimates meant to help the family understand the situation at a high level; the care team's assessment and plan may differ as more data returns.*