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Differential diagnosis of dyspnea in disabled patients

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Personal History: No known drug allergies. Schizophrenia.
Current treatment: clomipramine, topiramate, Adiro, trimipramine, alprazolam, propranolol.
Anamnesis: 78 year old woman who comes to the emergency deparment brought by ambulance by feeling fatigue of recent onset. The family refers pallor and decay. In the last 48 hours she has submitted hip pain for which has taken anti-inflammatory. Concerns in recent days dyspnea with ambulation with a walker. Discuss cold symptoms in previous days without expectoration, well tolerated. 112 ambulance objectives hypotension (70/38) and 94% O2 Sat at initiating perfusion with saline and transferred to Hospital.
Physical examination: mucocutaneous pallor. Cardiac auscultation: rhythmic and regular tones, no murmurs. Respiratory auscultation: vesicular murmur preserved without stridor or wheezing.
Rest of examination: anodyne.
Complementary tests: Blood test: leukocytes 19610 (N 94.4%, L 3.1%), D dimer 19261.9, urea 109, creatinine 2.97, LDH 342, lactate 3.7, C-reactive protein 206. Gas analysis: pH 7.252, PCO2 43, PO2 22.9, HCO3 18.6, EB -7.3. Angio-CT: no signs of PTSD are objectified.
Diagnosis: respiratory origin likely sepsis Evolution: the patient is admitted to the observation area to start treatment with fluid therapy, antibiotics; blood and urine cultures being filed.
Conclusion: the differential diagnosis of dyspnea in an immobilized patient should include screening for PTSD.
Keywords: dyspnea, hypotension, reduced mobility