

# Does Not Meet Admission Criteria: A Complicated Case of Vasculitis & Patient Centered Care

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Introduction	Criteria & Differential Diagnoses	Discussion
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- Physicians feel outside pressure from utilization departments and administrations to optimize high quality care and cost efficiency. Criteria for inpatient hospitalization care is generally driven by objective clinical indicators.<sup>1</sup>
- Patient centered care can suffer when these objectives, 'disease' based criteria, are applied without consideration to individual identifiers, their environments, beliefs, and background.
- Osteopathic principles teach us to focus on the patient, and not the disease. To improve patient outcomes and deliver appropriate care, osteopathic principles of deep listening and reviewing the individual as a whole can help establish change, and in turn improve overall outcomes in a system that mainly focuses on objective pathologic/physiologic criteria for determination of care.

## Case Presentation

- 51-year-old Latinx male presented to the hospital with a 1-week history of rash, hematuria, and anemia. He had been admitted 4 months earlier with COVID-19 pneumonia and recovered well. Patient had bilateral lower extremity skin rash up to the knees, which were not itchy. He reported bilateral feet swelling and moderate to severe back and shoulder stiffness, which was corroborated on osteopathic structural exam. Patient was noted to have developmental disabilities and lived with his sister.

- Vasculitis Criteria for Inpatient Hospitalization with 1 or more of the following:**
  - Exacerbation that requires inpatient treatment, pulmonary hemorrhage, CNS vasculitis with seizures, psychosis, altered mental status that is severe or persistent, or other severe abnormalities, gastrointestinal ischemia, cerebral infarction, gangrene or threatened amputation, renal failure, other significant complications of vasculitis.<sup>2</sup>
- Differential Diagnoses:** Nonvasculitis disease processes that may mimic symptoms and findings to vasculitis include systemic rheumatic diseases<sup>3</sup>:
  - Systemic lupus erythematosus
  - Atherosclerotic disease
  - Drugs reactions
  - Vaso-occlusive processes



- The medicine of osteopathy includes principles that exemplify the human body as a dynamic unit of function. The key tenants of osteopathic medicine are as follows<sup>5</sup>: The body is a unit; the body is capable of self-regulation, self-healing, and health maintenance; structure and function are reciprocally interrelated; and rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.
- ACOI's 21<sup>st</sup> century principles emphasize patient centered care with high value and the needs of our nation's healthcare system.<sup>4</sup> Recognizing the body as a unit gives the capability, as a physician, to treat patients on a more complex level.
- With osteopathy, we further investigate to discover and address the factors that elicit the individual's response to pain.<sup>6</sup>
- In our patient, social determinants of developmental problems and dependent living should have been considered throughout his treatment. His workup progressed without clear etiology of vasculitis, although SLE was strongly considered. Unfortunately, he developed acute respiratory failure and ARDS, and succumbed. It is imperative with the given nature of constant change in lifestyle, disease presentations, and socioeconomic status, that every patient be given the opportunity to be viewed as a unit by reformulation of algorithms and care determination criteria.

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Figure 1: Schematic illustration of ACOI's 21st osteopathic principles<sup>4</sup>