CASE PRESENTATION

- PATIENT DEMOGRAPHICS
- PT INITIALS :KJ
- ADRESS: Buwampa– Nyenga
- **AGE**: 48YRS
- **OCCUPATION**: Commercial motor cyclist
- **DATE**: 1ST/DEC/2021
- **TIME**: 5:30PM

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History

• P/C LOC X2hrs

Profuse scalp bleeding x2hrs

- Hpc
- Noted 48m was brought by policed at emergency department with hx of being involved in RTA that occurred on Nyenga road 2hrs after the incident.
- He was riding motorcycle with a passenger when he had head on collision with an over speeding truck.
- He fell head first on ground and had no helmet.
- Police reported sudden LOC, profuse bleeding nose, mouth ,ears, and scalp however on hx of vomiting or convulsions.

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Cont,

• Events pertaining the event are un known.

PRIMARY SURVEY.

Pt was unconscious.

• Airway: Had bloody secretions in oral and nasal cavity.

Had fractured nasal bone

Cervical spine – intact.

• Breathing: Symmetrical chest movt, RR-55bpm, SPO2 54% R/A,

no tracheal deviation

Auscultation had wide spread crackles on both sides and transmitted

sounds.

Circulation: Had cold extremities, cap refill >3 sec, thin rapid radial pulse corresponding with the opposite pulse.

PR 120bpm

BP 70/40mmhg

Disability: AVPU-P

GCS-7/15 (E-2, V-1, M-4)

RBS - 7.8 mmol/l

pupils - LT- dilated and fixed , RT- constricted ,poorly reacting to light.

Exposure: Deep lacerations involving the frontal and the parietal areas with fractures with exposed brain tissue.

Multiple facial lacerations involving the nasal area, lost all upper jaw teeth and fractured hard palate.

Bruises on both upper limbs. and lower limb.

Spine, Intact.

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INTERVENTION

• First opinion – refer the patient mulago

Airway interventions

- Head tilt chin lift.
- OPA was inserted but was small
- LMA
- Suction
- Intubation

Breathing

Suction

Oxygen therapy 15l by NRM

Then MECHANICAL VENTILATION

Circulation. Arrested bleeding with gauze compression and crape bandage.

Established two iv lines

one liter of normal saline start

Transfused with 2 units of blood and passed urinary catheter for urine output

monitoring.

• **Disability.** Intubate

Requested for brain ct scan when stable.

Exposure

Dressed all the lacerations covered the patient with blankets

Outcome of our intervention.

- Secured the airway
- SPO2- 54%- 98%, RR 20bpm
- BP-77/40mmhg-123/74mmhg, cap refill decreased
- Reduced secretions
- GCS sedated.

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Patient disposition

- ICU
- Surgery team to review.