

Altered mental state in Paediatrics case presentation

By

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- RR, an 11-year-old boy was brought to hospital (Kyegegwa HCIV) by the mother

at 10:am on 11/10/2020, rushed to emergency room Un responsive.

- According to the mother, the boy was in a good state

of health until 2 days, had slurred and confused speech eventually could not speak.

It's on this basis the mother decided to bring him to hospital.

Primary survey assessment was done by ABCDE approach

• Air way



-Patient was unable to protect the airway and could easily be blocked by tongue or secretions.

Management.

- Positioned semi sitting up,
- Head-tilt/Chin-lift,
- Jaw thrust,
- Suctioning done.
- Intubated with ETT, 5.0ID, secured at 14cm.

Breathing.



- Had noisy breathing.
- Slow breaths.
- SPO2- 90 % at room air.

Management.

- Administration of oxygen 100%
3L by Bag, ETT ventilation from a concentrator.
- SPO2 Improved to 97%, on oxygen and bagging.

Circulation



- The capillary refill was less than 3 seconds.
- BP- 90/70 mm Hg.
- Pulse 70 beats/ min.

Management.

- An IV line was established with cannula G 20.
- IV normal saline 500ml given.
- Pulse slightly improved to 90 beats /min.

Disability



Patient – unconsciousness, GCS -5 and AVPU- was U. temperature –38.8°C

Blood glucose and Malaria checked– RBS 3.0mmol and malaria –positive.

Pupils right was small and left dilated and non reactive to light

Motor and sensory examination – unable to perform.

Twitching of left side of the head and left arm was noticed.

Management

- Iv 25 % dextrose 40mls given.
- Iv diazepam and iv artesunate 60mg were prescribed but out of stock.
- Tepid sponging done, rectal paracetamol 250mg given.
- Considered referral to FPRRH, coordinated with DR. Patricia who was looking for ambulance. No ambulance in the district.

Exposure



- Patient was examined from head to toe.
- A slight cut wound was found on the right side of the head superior to ear.
- No marks on the chest and chest movement was equal.
- GU- the boy had urinated in the trousers.

Management.

- Shaved the right side of the head.
- irrigated the small cut wound approximately 2cm wide and 1/2 cm deep.
- Not actively bleeding.
- The wound was dressed.

SAMPLE HISTORY

S	Signs and symptoms.	Mother reports 2 days frontal headache, dizziness, 2 episodes of vomiting, jerking mov'ts of left face and arm, confused and lost speech.
A	Allergies	No known allergies.
M	Medications	Not on any medications.
P	Past medical	Had malaria 2 wk ago , treated and improved.
L	Last oral in take.	Has been vomiting.
E	Events.	Not known.

Problem list.

- Pediatric patient.
- Altered mental status-
- Compromised air way and breathing.
- Abnormal movements of muscles of the face and left arm.
- Low blood sugars.
- Febrile illness- temp. 38.8°C, positive MRDT.
- On exposure –patient had a small cut wound on right side of the head.
- +/- trauma.

Secondary survey

- We lost the patient after one hour of hospitalization and before secondary survey was done and referral to FPRRH.
- May his soul rest in eternal peace.
- **SUMMARY.**
- An 11 years old boy who has had altered mental status, spent 1 hour of hospitalization and died on an attempt to refer to FPRRH.
- Managed by ABCDE approach in emergency room
- Thank you very much.