

EMS ECHO APPROACH TO CHILD AND ADULT WITH SEPSIS

Case Presentation

BY

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Hx

- D.G a 46 year old male was brought to Hospital Emergency room as a referral from a level 2 hospital in CAR,
- Pt had gone to the hospital with severe abdominal pain especially around umbilical region that later localized in right lower quadrant
- No vomiting,
- Was dx with acute abdomen, Acute appendicitis??
- was resuscitated and done explorative laparotomy + Right hemicolectomy and admitted for 5days.
- Patient become weaker after 5days and was referred to Kampala for further management.

ASSESSMENT

AIRWAY

- Airway was patent, patient was talking,
- No Snoring, no grunting

BREATHING

- Breathing spontaneously with Normal breathing patterns
- Equal air entry bilaterally
- SPO2 95-99% On 5L of Oxygen by NP

CIRCULATION

Patient was hemo-dynamically stable

Patient had warm extremities

was tachycardic PR-112Bpm

BP-129/79

Patient had a 18G Cannula on RT Arm which was patent

DISABILITY

Patient was sick looking and drowsy, semi-conscious GCS 14/15,
PEARL, Temp-37.8

EXPOSURE

- Patient was examined head to toe
- Critically ill, lethargic, Sunken eyes, skin pinch returns after 2 secs
- mild conjunctival palor, no jaundice, no cyanosis ,no edema, no lymphadenopathy, NGT IN Situ, Wt-78kgs

P/A

- Mildly distended abdomen
- Had an dressed abdominal midline incision scar with dirty dressing
- stoma with a colostomy bag which was actively draining,
- abdominal tenderness on palpation due to surgical wound,
- no palpable organomegalies, Digital Rectal exam not done

Impression

INTRA-ABDOMINAL SEPSIS

Problem list

- Low grade fever t-37.8
- Dehydration
- Mild Anemia HB-9.0g/dl
- Abdominal pain- 6/10
- Moderate abdominal distension
- Mild tachycardia PR-112b/m

INVESTIGATIONS DONE

Complete blood count

- wbc-16.68 /uL
- Neut-15.28/uL
- Lymp-5.3
- Hb-9.6g/dl
- Mcv-79.7
- Plt-238/uL

CRP-210.88 mg/L

Extended electrolytes, Na⁺-138
K⁺-3.82 Ca²⁺-2.18 Mg²⁺ Alb-27.6

Serum amylase -143 and **lipase**-
53.5

Blood culture and sensitivity

Pus swab culture and Histology

Abdominal Ct scan/ uls

Department: Close-WB-CD
 Mode: TW-98000650
 Serial No.:
 Diagnosis:

Date of Birth:

War
Tub

Para.		Result	Unit	Ref. Ranges
	H	16.68	10 ³ /uL	4.00 - 11.00
1 WBC	H	15.28	10 ³ /uL	1.80 - 7.70
2 Neu#		0.88	10 ³ /uL	0.80 - 4.80
3 Lym#		0.38	10 ³ /uL	0.20 - 0.90
4 Mon#		0.13	10 ³ /uL	0.00 - 0.80
5 Eos#		0.01	10 ³ /uL	0.00 - 0.10
6 Bas#		0.62	10 ³ /uL	0.00 - 999.99
7 IMG#	H	91.5	%	45.0 - 75.0
8 Neu%	L	5.3	%	20.0 - 45.0
9 Lym%		2.3	%	0.0 - 10.0
10 Mon%	L	0.8	%	1.0 - 6.0
11 Eos%		0.1	%	0.0 - 1.0
12 Bas%		3.7	%	0.0 - 100.0
13 IMG%	L	3.51	10 ⁶ /uL	3.80 - 5.70
14 RBC	L	9.6	g/dL	11.5 - 18.5
15 HGB	L	28.0	%	35.0 - 49.0
16 HCT	L	79.7	fL	80.0 - 100.0
17 MCV		27.4	pg	27.0 - 34.0
18 MCH		34.3	g/dL	32.0 - 37.0
19 MCHC		14.3	%	11.0 - 20.0
20 RDW-CV		42.8	fL	37.0 - 54.0
21 RDW-SD		238	10 ³ /uL	150 - 450
22 PLT		10.6	fL	9.0 - 13.0
23 MPV		15.9		9.0 - 17.0
24 PDW		0.252	%	0.170 - 0.350
25 PCT		70	10 ⁹ /L	30 - 90
26 P-LCC		29.3	%	11.0 - 45.0
27 P-LCR		0.000	10 ⁹ /L	0.000 - 9999.999
28 NRBC#		0.00	/100WBC	0.00 - 9999.99
29 NRBC%				



Management

- Blood cultures taken off before starting new antibiotics
- IV fluids RL, NS, dextrose 5% 3L in 24hours
- IV PISA 4.5g 8hourly
- IV metronidazole 500mg 8hry
- NPOs considered TPN (Total parental nutrition at 60ml/hr)
- IV Paracetamol 1g 8hourly
- Maintain supplemental oxygen 5L/min via NP

Mgt contd...

- Monitor vitals closely
- Surgeons review and plan for secondary wound closure
- Daily wound dressing and drainage via VAC
- Blood transfusion 2units packed cells
- Chest physiotherapy and ambulation was done on ward

Summary

- 46 yr old male was managed for intraabdominal sepsis ,post explorative laparotomy ,was given antibiotics and taken back to theatre for second wound closure, stayed in hospital for about 30days
- And discharged home on in very much better condition.

THANK YOU
LADIES AND GENTLEMEN