

CASE PRESENTATION

BLUNT CHESTTRAUMA

DR.NAJJEMBA MARGARET

INTERN DOCTOR

MULAGO NRH

- KH, 28Y/M a motor cyclist with no known chronic illnesses came in with prior history of being involved in a road traffic accident 2 hours ago where he collided with another motor cyclist fell off a boda boda into a trench by his right side of the body after which he developed worsening generalized chest pain exacerbated by breathing n change of position associated with DIB without cough or palpitations. Reported headache , loss of conscious for some time but there was no convulsions, vomiting
- He reported history of another accident that happened 4 months ago and never went to any health facility where he sustained a chest pain that he could manage with over the counter analgesics

Airway and C-spine	In obvious respiratory distress Able to talk and support his neck	
Breathing	RR-36cpm,SP02-92% RA Chest is asymmetrical right side not moving on respiration , generalized tenderness , absent air entry, reduced breath sounds no added sounds with a stony dull percussion note in the right hemi diaphragm Left hemi diaphragm was normal	Oxygen therapy-NP-SPO2-98% Inserted an emergency right chest tube UWSD drained 1L of bloody fluid on spot

Circulation	<p>warm extremities no pallor Tachycardia 120bpm strong pulse BP 124/70mmHg Capillary refill <2s</p>	Iv fluids 1.5l N/s
Disability	<p>GCS-E-4,V-5,M-6=15/15 Pupils: EARL soft neck normal power in both limbs with limited range of motion of the right upper limb, Intact sensation</p>	Arm rest

Exposure	Facial, fore arm and scalp lacerations Chest posterior and anterior wall bruises Abdomen-normal fullness	Sutured IM diclofenac 75mg given
E-FAST	Right sided heamothorax R/o pneumothorax	Planned for CXR and Brian CT scan

S	Signs and symptoms	DIB with chest pain worsening on moving the right hand Facial and scalp lacerations Anterior and posterior chest wall bruises
A	Allergies	None
M	Medications	Last took unknown anagesics 5 days ago
P	Past medical history	No known chronic illness,HIV sero status not known(last tested 5months ago) no history of surgery
L	Last meal	Last ate lunch 5hrs ago
E	Events	He collided with the other motorcyclist n fell off the boda boda into the trench

Problem list

- Right hemothorax
- ?? Rib fracture
- Mild traumatic brain injury

Follow up

- Brain CT scan done was normal.
- Chest x-ray showed massive right sided pleural effusion with fracture of ribs 5,6 and 7
- Cardiothoracic surgeons informed reviewed and admitted the patient to their ward for further management chest drain monitoring
- IV Ceftriaxone 2g od x 5/7
- IV metronidazole 500mg tds x 5/7
- IM TT 0.5ml stat
- IV Paracetamol 1g tds x 3/7
- IV NS 2L in 24HRS.

- Chest drain was monitored while in the CTS ward for 10 days and did a repeat CXR with cleared hemothorax and chest tube was removed and he was discharged on oral antibiotics and analgesia the following day to be reviewed in two weeks in their clinic