Clinical Pathological Case (CPC)

Seed
GLOBAL HEALTH

CPC
CASE-BASED LEARNING SERIES
"Mastering Emergency Care"

Disclaimer

Clinical Pathological Case training videos are for educational purposes and should not be used as the sole source of reference during patient care. Always refer to official guidelines and consult qualified professionals before applying any practices

Case Based Learning Series

"Student Led Adult Learning"

CPC CASE-BASED LEARNING SERIES
"Mastering clinical Reasoning in Emergency Medicine"

Seed GLOBAL HEALTH

Clinical Pathologic Case (CPC)

Emergency Medicine Case Based Series

Theme: Psychiatry Emergency

Date: Friday 29th August 2025
Time: 7:00 PM - 8:00 PM (EAT)

SCAN QR CODE TO REGISTER

Expert



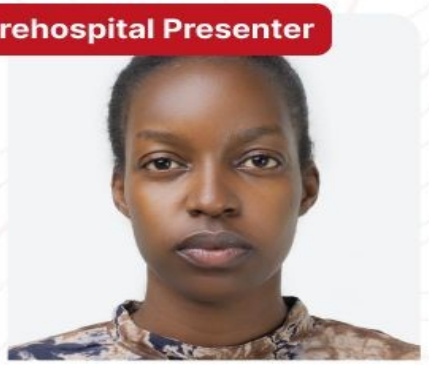
Dr. Nolbert Gumisiriza
HoD Mental Health dept at Kabale university, and Kabale RRH

Presenter



Kwagala Patience Deborah
MBChB IV Busitema University

Prehospital Presenter



Evy Obare
Bsc.Paramedic Student.
Masinde Muliro University of Science and Technology.

FUMSA

SCOME Medical Education



Presenting Complaint

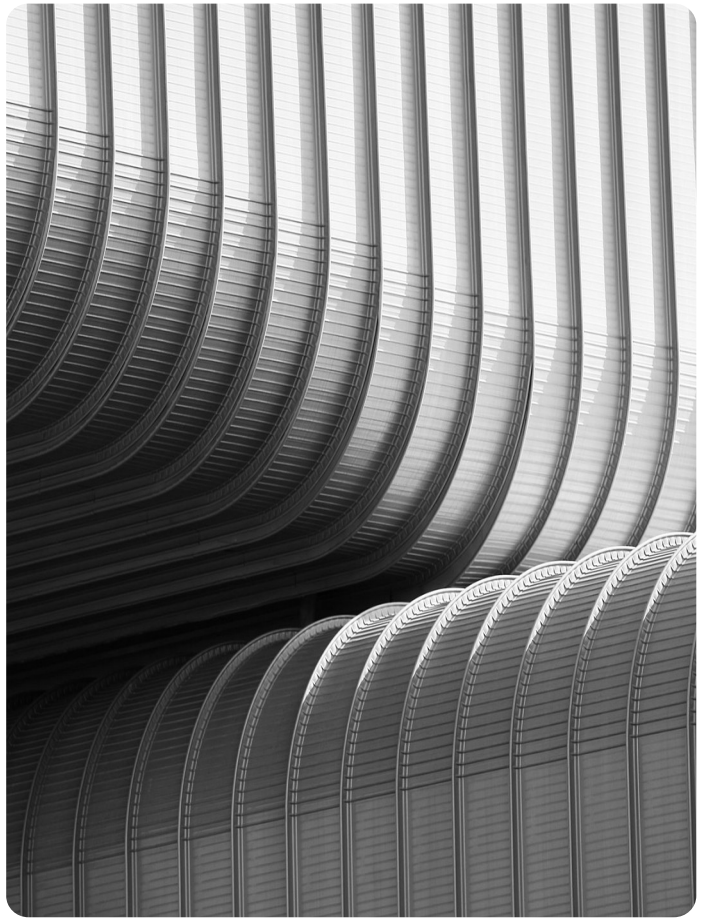
26-year-old male presents to the ED with C/O seeing and feeling insects crawl all over his skin, episodes of uncontrollable shaking of his body, agitation, trembling of his hands, nausea and vomiting.

Pre-hospital Care Preparation

- **Staff**: 1 paramedic and an ambulance operator
- **Patient**: one patient currently non-emergent
- **Equipment/Medication**: Communication devices, patient monitor devices, IV fluids, non-consumables and medications including analgesics, antipsychotics and antibiotics
- **Ambulance:** Type B(Basic life support)

Poll 1

What does the acronym **ISBAR** stand for in clinical communication?



ISBAR Report

Identity: I am Evy, a paramedic dispatched together with my team to come and pick up the patient

Situation: Patient is seeing and feeling insects crawl on his skin and is agitated.

Background: A 26/M with h/o shaking hands and legs, episodes of vomiting and aggressive behavior as reported by the mother and brother(2nd time in 6 months)

Assessment: Mild respiratory distress, confusion, irritability and General body malaise. En route, administered phenobarbital and paracetamol.

Recommendation: Monitor vital signs and for EM physician review

Primary Survey

- Airway: Patent
- Breathing: RR:23bpm , SPO2 94% on room air
- Equal bilateral air entry and no added breath sounds
- Circulation: PR:110bpm BP:184/92mmHg, CRT of 2 seconds
- Disability: GCS(14/15) PEARL, RBS ;6.8mmol/L
- Exposure: He was tremulous and diaphoretic, but no traumatic injuries

Expert

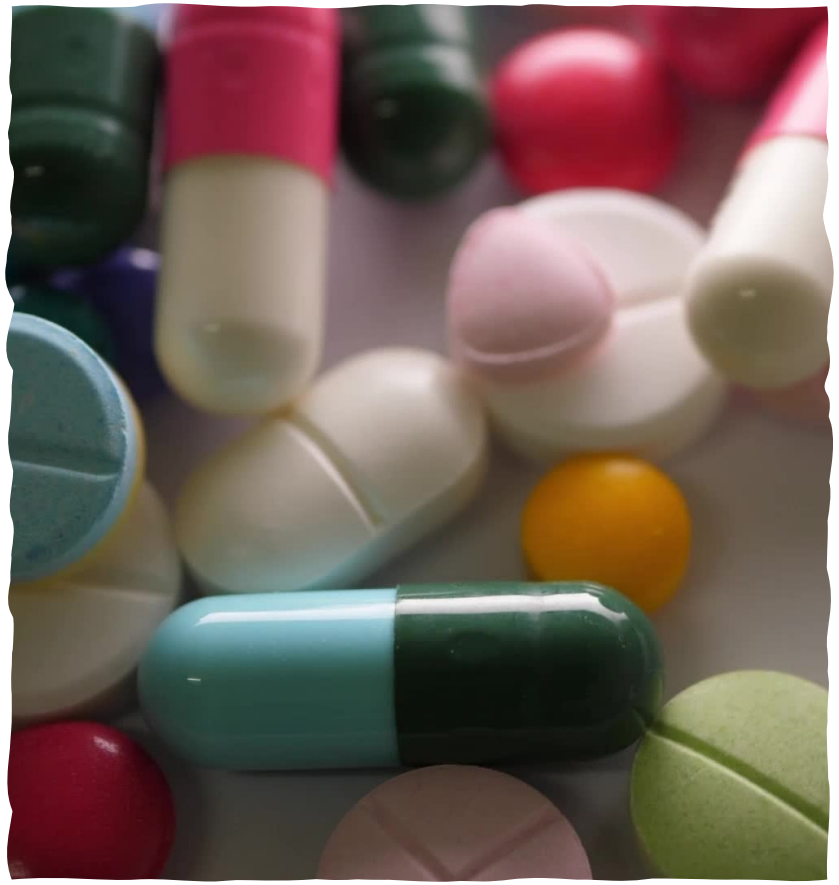


What are your initial thoughts?



What is you preparation and approach to this patient?

SAMPLE History



- **Signs & Symptoms**: feeling and seeing insects moving on her, convulsions, hand tremors, agitation, nausea and vomiting
- **Allergies& Medications**: None
- **Past Medical History (PMH):**2nd admission in his life due to similar signs and symptoms
- **Last Meal breakfast**;8 hours prior to admission
- **Events**: Suddenly become agitated, diaphoretic and tremulous

Audience

- Any additional information?



Expert opinion?



Any additional thoughts at this point?



Any additional info you would want to get?

ED Intervention

Admit	Administer	Administer	Administer	Give
Admit the patient to mental health unit	Administer 20mg diazepam IV	Administer 200mg of chlorpromazine IM	Administer thiamine 50mg and multivitamins	Give IV fluids

Secondary survey

- G/E; moderate dehydration, no pallor, no cyanosis, no finger clubbing, no lymphadenopathy
- Other S/E- were unremarkable
- MSE; patient was disoriented with hand tremors, hallucinations, slow and slurred speech, angry mood and irritable affect with no insight; however, memory and judgement were intact



Labs and imaging

investigations	results
LFTs	Bilta**; 17.7** (0.00- 17.00) Bilda; **9.7** (0.00- 10.00) ASTL; **38.4** (0.00- 40.00) ALTL; **42.2** (0.00- 41.00) GGT; **55U/L** (7-50 U/L) ALP; **131** (40.00-129.00)
CBC	WBC; **12.34** (4.00-11.00), HB: **12.40** (12.00-14.00), PLT: **161** (150-400)
Serum electrolytes	Na+; **128mEq/L** (135-145) K+ **; 3.0mEq**/L (3.5- 5.0)
Clinical Institute Withdrawal Assessment for Alcohol ,Revised(CIWA-Ar)	**39/67**
Alcohol use disorder identification test (AUDIT)	**17/40**(Harmful drinking)

Poll 2

From the primary survey and sample history, and laboratory results, what is the most likely cause of the patient's presentation?

Expert opinion



What are your differentials at this point



What is your management plan?

ED course

- **Working diagnosis ; alcohol withdrawal syndrome**
- **differential diagnosis** ;

- Alcohol induced psychosis
- Alcohol induced anxiety disorder
- Hypoglycemia
- Essential tremor
- Other substance withdrawal for instance ; sedative , hypnotic or anxiolytic withdrawal

Management plan

Patient was managed using bio psychosocial approach as follows

	Short term management	Long term management
Biological	Patient was continued on diazepam and thiamine(taper accordingly)	Give naltrexone (to curb cravings) Continued maintenance therapy
Psychological	Psych education of patients and caretakers Motivational interviewing Systems and cognitive behavioral therapy	Continue with psychotherapy
Social	Mobilize social support especially from family	Advised to join peer support groups

Poll 3

What is the most emergent complication of alcohol withdrawal syndrome?

TAKE HOME MESSAGE

According to DSM-5TR, Alcohol withdrawal syndrome is diagnosed based on the following criteria;

Criterion A: cessation of / reduction in alcohol use that has been heavy and prolonged

Criterion B: **TWO** (or more) of the following developing within several hours to a few days after cessation of /reduction in alcohol use described in criterion A

1. Autonomic hyperactivity
2. Increased hand tremor
3. Insomnia
4. Nausea or vomiting
5. Transient visual, tactile or auditory hallucinations or illusions
6. Psychomotor agitation
7. Anxiety
8. Generalized tonic clonic seizures

Criterion C: The signs or symptoms in criterion B cause clinically significant distress or impairment in social, occupational or other important areas of functioning

Criterion D: The signs or symptoms are not attributable to another medical condition and not better explained by another mental disorder, including intoxication or withdrawal from another substance

Alcohol withdrawal symptoms

Minor withdrawal	seizures	hallucinations	Delirium tremens
6-36 hours from last drink	6-48hours from last drink(early as 2hours)	12-48 hours from last drink	48-96hours from last drink
Normal mental status	Generalized tonic clonic seizures	Normal mental status with normal vital signs	Disorientation , agitation, hallucinations with increased autonomic activity
Tremors , mild anxiety ,headache , diaphoresis ,palpitations ,a norexia, GI upset, insomnia	Usually singular or maybe series of seizures over short period of time	Usually visual but can be auditory or tactile Usually Resolve in less than 48hours	Lasts 5-7 days 5% mortality
	If untreated ,1/3 of cases progress to delirium tremens		

CPC -Case-Based Discussion Wall of Fame

TOPIC	PRESENTER	EXPERT	MODERATOR	MENTOR	DIAGNOSIS
Altered Mental Status	Dr. Jimmy Atyera	Dr. Kenneth Bagonza	Dr. Daniel Olinga		Atrial Fibrillation
I Can't Breathe	Regan Kakande MBChB V	Dr. Doreen Okong	Dr. Anna Kaguna	Dr. Daniel Olinga	Tension Pneumothorax
My Neck is Stuck	Dr. Emmanuel Mbaruk	Dr. Joseph Kalanzi	Dr. Anna Kaguna	Dr. Tracy Walczynski	Tetanus
It keeps dripping	Hennrietta Lunkuse MBChB V	Dr. Ambrose Okello	Dr. Anna Kaguna	Dr. Robert Wangoda	Rectal Polyp
I'm yellowing and can't pee	Doreen Ndagire Sanga MBChB IV	Dr. Linda Nalugya	Dr. Anna Kaguna	Dr. Deo Edemaga	Hepatorenal syndrome
I fell off a boda-boda	Tithi Tripathi, MBCHB IV Jane Nalunkuuma EMT II	Dr. Prisca Kizito	Dr. Danioel Olinga	Dr. Doreen Okong Andrew Okiror	Lung Re-expansion syndrome
Breathless, Yet Breathing Deep	Rebecca Asiimire Winfred Kingfred Wangechi EMT II	Pius Opejo	Dr. Anna Kaguuna		Diabetic Ketoaciodosis
My Body is paining	Maria N. Namujja, MBChB V Melvin Bongozana EMT II	Dr. Joseph Emuron	Dr. Anna Kaguna	Dr. Baturaki Amon	Acute Kidney Injury
I feel them crawling	Patience Kwagala MBChB V Evy Obare, BSc. Paramedical	Dr. Gumisiriza Nolbert	Dr. Jimmy Atyera		Alcohol Withdrawal Syndrome
CPC Secretariat: Emmanuel Okumu , Andrew Twineamatsiko, Bonaventure Ahaisibwe , Jimmy Atyera, Daniel Olinga, Anna Kaguna					