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EMS ECHO CASE PRESENTATION

By

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Brief History

HPC- 26/M, brought into the Medical ER unconscious, reportedly had an episode of nonbilious vomiting in the bathroom, later found lying unresponsive and not able to talk



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Primary Survey (Emergency Assessment and Management)

A	Airway	Patent, no secretions	Head tilt and chin lift to maintain a clear airway
B	Breathing	-RR-9bpm with shallow breaths, SPO2=81% RA, reduced breath sounds	-O2 15L/min via NRM -SPO2 improved to 98%
C	Circulation	-Cold peripheries, CRT>3s, PR- 47bpm,weak radial pulse, BP- 80/48 mmHg, MAP-59	-Inserted 2large bore IV, samples for CBC, RFT, LFT, electrolytes -N/S 1.5L bolus, NE infusion 10 mcg/min target MAP \geq 65, naloxone 2mg every 5 minutes (3X)

Primary Survey (Emergency Assessment and Management)

D	Disability	<ul style="list-style-type: none">-GCS- 9/15 E2 V2 M5-Pinpoint pupils-RBS-6.8 mmol/L	<ul style="list-style-type: none">-Inserted urethral catheter-ICU consult (there was no space)
E	Exposure	<ul style="list-style-type: none">-Tight jean trousers-Axillary Temp- 35.1° C-No obvious injuries observed	<ul style="list-style-type: none">-Loosened the tight clothings-Warmed the patient with heavy blankets-I.V Paracetamol 1g stat

Secondary Survey (Head-to-toe examination)

Head and Neck – No externally observed injuries, diaphoretic, pinpoint pupils, no ENT discharge, soft neck

Chest – No external injuries, equal chest expansion, shallow breathing, reduced breath sounds bilaterally

Upper Limb - Normal



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Secondary Survey (Head-to-toe examination)

Abdomen – normal fullness, soft, non tender, no palpable masses, bowel sounds of normal pitch and frequency

Genitalia – Normal

Lower limbs – Normal



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SAMPLE History

S	Sign & Symptom	-Loss of consciousness, vomiting, difficulty in breathing
A	Allergies	No known drug/ food allergies
M	Medication	Been self injecting using over the counter pethidine for 1½ years, after fracture management

SAMPLE History

P	<ul style="list-style-type: none"> -Past Medical History -Past Surgical History -FSH 	<ul style="list-style-type: none"> -No known chronic illness -Was involved in RTA and fractureed the left femur which operated to fix it -Non-alcoholic, non-smoker
L	Last meal/LNMP	<ul style="list-style-type: none"> - Had supper 2hours prior (Matooke and meat)
E	Events	<ul style="list-style-type: none"> - Heard vomiting from the bathroom, found unresponsive, unable to talk and generally weak -Ampules of pethidine also found in the bathroom

Problem List

- Loss of consciousness
- Respiratory depression
- Bradycardia
- Hypotension
- Vomiting

Investigations

Test	Result	Unit	Ref. Range
LFT			
Serum SGPT (ALT)	31	U/L	Up To 35
Serum SGOT	38	H U/L	Up To 32
Serum Alk. Phosphatase	103	U/L	65 - 270
Serum GGT	25	U/L	Up To 40
Serum Protein Total	66	g/L	66 - 87
Serum Albumin	38	g/L	38 - 47
RFT			
Urea	4.3	mmol / L	2.7 - 6.4
Serum Creatinine	64	umol/L	44 - 106
Chloride - Serum	107	mmol/l	90 - 110
Serum Sodium (Na)	138	mmol / l	138 - 150
Serum Potassium (K ⁺)	5.1	mmol / L	3.6 - 5.3

Haematology Department			
COMPLETE BLOOD PICTURE			
Test	Result	Unit	Ref. Range
RBCs	4.86	10 ⁶ /uL	3.30 - 5.30
Haemoglobin	14.1	g/dl	9.8 - 17.0
Haematocrit	41.2	%	28.3 - 45.8
MCV	84.7	fL	74.0 - 94.5
MCH	29.1	pg	24.0 - 33.0
MCHC	34.3	g/dl	32.0 - 37.0
RDW-CV	15.4	%	11.0 - 17.3
Platelets Count	439	10 ³ / ul	150 - 450
PDW	47.2	%	8.3 - 56.6
MPV	9.2	fL	5.0 - 10.0
PCT	0.4	%	0.1 - 1.0
WBC	6.71	10 ³ / ul	3.20 - 9.00
Leukocytic Differential Count :			
Differential Percentage			
	Value	Unit	Normal Range
Neutrophils%	70.8	%	40 - 75
Lymphocytes%	24.6	%	20 - 40
Basophils%	0.3	%	Up To 1
Eosinophils%	0.7	L %	1 - 6
Monocytes%	2.8	%	2 - 10
LUC %	0.70	%	Up To 5.00
Absolute Count			
	Value	Unit	Range
	4.7507	10 ³ /uL	1.7 - 7.7
	1.6507	10 ³ /uL	0.4 - 4.4
	0.0201	10 ³ /uL	Up To 0.2
	0.0470	10 ³ /uL	Up To 0.6
	0.188	10 ³ /uL	Up To 0.800
	0.04	10 ³ / ul	Up To 0.50
End of Report			



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Management

At MEU (10/01/2025)

- 15L/min oxygen via NRM
- Naloxone IV 2mg every 5 minutes (3 doses)
- IV fluids 1.5L bolus
- NE infusion 10 mcg/min target MAP \geq 65 mmHg
- IV Ondasetrone 8mg tds x1/7

Follow-up

11/01/2025 Day 1 (On ward)

- Reviewed, c/o generalised body weakness, DIB and had an episode of vomiting
- GCS- 13/15 E3 V4 M6, BP-106/60 mmhg, PR-62 bpm,
- Rx - I.V paracetamol 1g tds, ondansetron 8mg tds, omeprazole 40mg od, N/S:Dextrose 5% 500mls tds, monitored vitals; T, SPO2, RBS, BP, RR, PR



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Follow-up

On ward: 12/01/2025

-C/o drowsiness and cough

-O/E; in FGC, afebrile, GCS-15/15, BP- 118/72, PR-87, RR=21 bpm,
SPO2-94% RA, mild crackles on the right

- plan: Do CBC, CXR, IV Amoxiclav 1.2 g BD for 3 days , N/S500mls tds for 2 days and PCM for HAP

ON 13/01/2025: No new complaints, BP= 116/68, PR= 76, SPO2= 96%RA, continue above Rx, counseling



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Disposition Plan

15/01/2025

- Patient improved on oral PCM, Amoxiclav for 3 days
- Discharged after 6 days, stable, counselled about self medication and Drug abuse and linked to the Alcohol and Drug unit of Butabika NRH for continuous rehabilitation



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Thank you