





Ministry of Health Emergency Medical Services ECHO Case Presentation Form

Date: 21ST Jan 2022

Presenter's name: Dr. Byamugisha Joseph

Presenter's location: Kawempe NRH, Kampala

Patient Initials: KJ

Age: 25

Sex: Female

Diagnosis (if known):

 $25 \mathrm{yr}$ P2+0 with primary PPH 2 ° Cervical Tear and Uterine atony with Hypovolemic Hemorrhagic class III Shock and Severe Anemia.

Presenting complaint

Per Vaginal bleeding x 3hrs

History of presenting complaint- Duration and Progress

K.J a 25yr/F P 2+0 referral from Kasangati HC IV 3hrs post SVD, had delivered a live baby girl, BWt 4.0 Kgs AS 9-10 and referred to KNRH for further management. She otherwise presented with a 3hr history of per vaginal bleeding, that started following svd. It was associated with clots, GBW, dizinness, headache and mild confusion with no blurring of vision, no epigastric pain.

No hx of loss of consciousness, convulsions.

Reportedly the placenta and membranes we expelled totally, No Previous history of PPH.

Systems review of the illness:

Unrevealing

Vitals: Height				
Systoloc and Diasolic BPs- 80/55 mmHg Pulse- 141 BMI.				
Disease concerned	General/Other			
Primary PPH Complicated with	 For e.g. Skin, Endo, HEENT, Resp, CV, 			
i) Hypovolemic Shock	GI			
ii) Severe Anemia				

Significant Medical/Surgical history

She is seronegative for HIV and Syphilis.

No known history of any known chronic illinesses such as hypertension, Diabetes, heart diseases, SCD or any psychiatric illiness.

Pst Obx Hx

Delivered the first baby in 2016 by SVD, baby boy Bwt 3.4Kgs

Pst Gyn Hx

Has not had any gynecological operations before

Social history and pertinent family history

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Work status: Unemployed	Occupation: Road side business			
Education: P.4	Socio-economic class: Low income			
Marital status: Married	Lifestyle habits: Non			
Relevant health conditions in the close family members				
Reports no any Known Familial Illnesses				

Examination Findings

<u>Airway</u>

Air way was patent and she could easily talk.

No secretions or foreign objects.

Breathing

Breathing was spontaneous with visible normal chest movements. No use of accessory muscles of respiration. No signs of chest or neck trauma.

RR 28bpm SPO2 was 92-94% on RA.

Bilateral equal air entry on both sides with Broncho vesicular breath sounds, no added abnormal sounds.

Patient given 2L/min of O2 via nasal prongs to achieve a saturation of 98%.

Circulation

Cold extremities, Capillary refill 3s

Pulse Tachycardic,thread and weak, regular PR-141 with no radial radial or radial femoral delay.

No cyanosis, no distended neck veins

BP-80/55 mmHg

Normoactive precordium, Heart Sounds I and II heard and normal without any added abnormal sounds.

Disability

GCS 13/15

E-4 V-4 M-5

PEARL, No neck trauma or tenderness.

Exposure

Patient's clothings were soiled with fresh blood, and noted a blood soiled pad

VE: Intact Vulva and Vagina, soiled with blood, vaginal gauze pack soiled with blood, Active pv bleeding, cervix felt rugged and speculum examination revealed bleeding from the cervix. Vaginal fornices non bulging.

Did Bimanual Uterine Compression and Made decision and cervix Clumped with Armitages.

Vital Signs;

Blood Pressure: 80/55mmHg Pulse rate: 141 bpm SPO2: 94% on RA

Temperature: 36.6 deg **Respiratory rate:** 28bpm

Relevant Systemic Examination

General Exam

Sick looking young lady, mild respiratory distress, slightly confused, sleepy but arousable with severe pallor, no jaundice, no limb oedema and afebrile T 36.6

Central Nervous System

Sleepy but arousable, GCS 13/15 E-4 M-5V-4,

PEARL, No Neck Stiffness, Negative Kerning

No FNDs or Nerve palsies

Cardiovascular System

Cold extremities, Capillary refill 3s

Pulse tachycardic, thready and weak, regular, PR-141bpm with no radial-radial or radial-femoral delay.

No cyanosis, no distended neck veins

BP-80/55 mmHg

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Per Abdomen

Mildly distended, moving well with respiration FH-22/40, Poorly contracted Uterus.

Mild tenderness on palpation

Resonant percussion note including the flanks

Musculoskeletal

No deformities

No abnormal movements

Normal muscle tone and bulk with slightly reduced power.

Case Summary

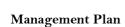
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Imp:

25yr P2+0 with primary PPH 2° Cervical Tear and Uterine atony with Hypovolemic Hemorrhagic class III Shock and Severe Anemia.

Focused investigation (*list and attach pertinent labs*)

Current Labs			
Test	Result	Reference range	Comments/Interpretation
Blood grouping and Matching	O+ve		
For e.g. HIV			
For e.g. IGRA			
For e.g. TSH			
Imaging/ Special investigations			
Test		Salient findings	
For e.g. MRI			



- i) IV access large bore cannulae IV fluids N/S 2L stat
- ii) Do CBC Blood grouping and Matching, Transfuse with 3 Units of WB.
- iii) IV Oxytocin 20IU Slow Infusion stat.
- iv) Rectal Misoprostol 800mcg stat.
- v) IV tranexamic acid 1g stat.
- vi) EUA in theatre and cervical tear repair.
- vii) Insert Catheter
- viii) IV Cef 2g stat

Follow up in theatre

Under Anaesthesia + Lithotomy Position-Cervical tear at 6 O' Clock position, repaired using Vicryl 2/0 but with continued bleeding from the cervical Os irrespective of the drugs.

Decision was made to do an Ex Lap to find and intact poorly contracted uterus.

Attempted B Lynch suture without success in achieving Haemostasis and a STAH was done.

Received 2 units of PRBCs and 1 unit of Whole blood intraoperatively. EBL was about 1.5L

Post Op vitals

BP-89/56mmHg, P-128 bpm RR-20 T-36.8 Deg

Patient admitted to HDU on

IV antibiotics, Analgesia, Iv Fluids, IV Iron sucrose and to transfuse with 2 units of Whole blood while monitoring vitals.

Follow up on the initial CBC and do Post T Hb(8.9)

Patient was then transferred to HR then post-natal ward and Discharged on post admission day 5 with D/C BPs: 123/79 mmHg, PR: 82bpm