

PAEDIATRIC TRAUMA

ANASIA KNIGHT DANIELLA
REGISTERED MIDWIFE/CRITICAL CARE NURSE
ARUA REGIONAL REFERRAL HOSPITAL
17th/02/2023

HISTORY:

- AJ, an 8yrs/M brought in by the parents to Accident & Emergency following an RTA where he was knocked by a speeding motorcycle while riding on a bicycle.
- He presented with restlessness and inability to use the left lower limb with associated pain, swelling and a bleeding wound on the left shin.
- He complained of worsening abdominal pain.
- No nausea or vomiting.
- No history of otorrhea or rhinorrhea.
- No headache or loss of consciousness.

On examination:

General examination:

- He was restless, diaphoretic, mild pallor, some dehydration.
- No jaundice and oedema.
- No palpable lymph nodes.

Local Examination:

- overall there was a deformed left lower limb.
- Swollen leg (shin) with a wound (2x2) with mild bleeding and tender.

Per Abdomen:

- Mild abdominal distension.
- Generalised tenderness, worse at the epigastrium and left hypochondrium.
- Bowel sounds present and normal intensity.
- 4 quadrant tap done - tapped fresh blood.

Respiratory system:

- SPO2 - 95% RA and RR - 35 breaths/min.
- Normal percussion note.
- Bronchovesicular breath sounds with no abnormal sounds.

CVS:

- BP - 65/45mmHg.
- PR- 120bpm regular.
- CRT - 2seconds.
- No obvious temperature gradient.
- No neck vein distension.
- HS 1&2 heard, No added sounds.

CNS:

- AVPU = Normal. No obvious craniopathies or signs of meningeal irritation.
- Normal motor and sensory exam.

INTERVENTIONS:

ABCDE

- A - Airway clear and cervical spine clear
- B - Breathing clear, supplemental O2 via nasal prongs 2L/min, SPO2 rose to 99%.
- C - Established 2 IV access
 - sampled blood for CBC, Grouping and x-matching.
 - later on transfused 2 units of blood
 - Meanwhile, given 20ml/kg of NS over 15-20 minutes as for awaiting blood.
 - IV tranexamic loading dose given (15mg/kg) over 15minutes. Maintained on 5mg/kg.
 - After 30 minutes, BP - 70/50mmHg, PR - 110

- D -Alert.
 - PEARL.
 - RBS 6mmol/L

- E -No other hidden injuries and he was covered with warm clothing
 - Log roll and further cervical spine clear.

Adjuncts:

- Abdominal U/S hemoperitoneum with a ruptured spleen Grade 3.
- X-ray Left L.L Open comminuted fracture.
- Urinary catheter inserted and drained 50ml in the first hour
- Limb Immobilization done.
- IM T.T 0.5 ml given
- IV Pcm 500mg stat.
- IV Ceftriaxone-SB 1.5g stat.

AMPLE HISTORY:

- No known allergies.
- Not on any medications.
- No Significant past medical history.
- Last meal was 4 hours ago.
- Events - RTA

IMPRESSION:

- Intrabdominal bleeding secondary to a ruptured spleen.
- Comminuted open fracture of the left tibia and fibula

FOLLOW – UP:

- Surgical team notified and pre-op care instituted.
- Emergency X-Lap done with splenectomy.
- later on, an ORIF was done for the fracture.