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# EMS ECHO CASE PRESENTATION

By

Dr. KIYUMBA RICHARD.

Medical Officer at Medical Emergency Unit.

Mulago National Referral Hospital.

# 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≥ 65, naloxone 2mg every 5 minutes (3X)

# Primary Survey (Emergency Assessment and Management)

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

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

# Problem List

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



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# Investigations

Test	Result	Unit	Ref. Range
<b>LFT</b>			
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
<b>RFT</b>			
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 <sup>+</sup> )	5.1	mmol / L	3.6 - 5.3

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



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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



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# 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