



Seed
GLOBAL HEALTH



EMS ECHO CASE PRESENTATION

By
Dr. Keera Fuuna Ivan.

Clinical presentation

PC –Vomiting and passing melena stools for 1 week.

HPC NR, 25/F, Known CKD (Nephrotic Syndrome) for one year & Known PE on apixaban presented with non-billous, non projectile vomiting and passing of melena stools for one week, associated with epigastric pains and fevers. She had a longstanding h/o bilateral lower limb swelling, oliguria and intermittent facial puffiness. Had longstanding h/o of taking prednisolone which she suddenly stopped 1 week prior to admission.



Seed
GLOBAL HEALTH



Primary Survey (Emergency Assessment and Management)

A	Airway	Patent.	
B	Breathing	Breathing, Mild distress, RR=33b/min SPO=98% on room air. Bi-basilar crackles sounds.	
C	Circulation	Warm peripheries. Capillary refill time (not documented), moderate pallor, BP=91/58mmHg PR=136 b/min, thin, regular. Heart sounds S1 and S2. Tachycardia.	

Primary Survey (Emergency Assessment and Management)

D	Disability	Alert, GCS=15/15, PEARL, no focal neurological deficits. RBS (not documented)	
E	Exposure	No injuries. Temperature= 39.3 No skin rash. Facial puffiness, dehydration, diffuse petechiae and purpura, grade 2 pitting edema	

Secondary Survey (Head-to-toe examination)

Head and Neck –No deformities, no injuries.

Chest – mild distress and basilar crackles

Upper Limb;- No deformities.



Seed
GLOBAL HEALTH



Secondary Survey (Head-to-toe examination)

Abdomen –Normal fullness, soft with generalized tenderness, tender hepatomegaly.

Genitalia - Normal

Lower limbs – No deformities.



Seed
GLOBAL HEALTH



SAMPLE History

S	Sign & Symptom		
A	Allergies	No known allergies.	
M	Medication	Furosemide. Apixaban. Bisoprolol. Prednisolone	

SAMPLE History

P	Past Medical History Past Surgical History FSH	Chronic Kidney disease Nephrotic Syndrome. Pulmonary Embolism.	
L	Last meal/LNMP	Had 2 hours ago, PRN.	
E	Events		

Problem List

25/F CKD / PE with;

Vomiting.

Melena stools.

Fevers.

Tachycardia.

Hypotension.



Seed
GLOBAL HEALTH



Investigations

1. FBC; 6.2g/dl (8.8-17) PLT- 14 (150-450)
2. LFTS; Serum SGOT-172 U/L(0-32)
Serum GGT-132 U/L (0-40)
Serum Total Protein-37g/dl (66-87)
Serum Albumin – 17g/dl (38-47)
3. RFTS; Urea-51.4mmol/L (2.7-6.4) (8x)
Creatinine-520umol/L (44-106) (5x)
Potassium-4.6mmol/L (3.6-5.3)
4. Estimated GFR = 9.6 mL/min/1.73m²
5. Prothrombin Time.
6. Extended serum electrolytes.



Seed
GLOBAL HEALTH



Management

IV omeprazole 20mg OD.

IV metro 500mg tds

IV flucamox 1g bd

IV prothrombin complex concentrate 2000 IU

IV tranexamic acid 1g tds

IM Vitamin K 10mg.

Transfused 3 units of platelet concentrates and 2 units of packed RBCs.



Seed
GLOBAL HEALTH



Follow-up

RBS=19.6mmol/L, IV Actrapid 5 IU stat, Monitor RBS 2 Hourly, IV Albumin 20% (100 IU) b.d, Prednisolone 50mg od.

Other investigations

PT-INR

Blood culture

AM Cortisol levels

For Hematology and Nephrology review.



Seed
GLOBAL HEALTH



Disposition Plan

Patient passed on.



Seed
GLOBAL HEALTH



Thank you