

EMERGENCY APPROACH TO VIRAL HEMORRHAGIC FEVER

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- KQS, 16yr old female brought in by EMS ambulance following two day history of PV bleeding, vomiting , fever and generalised body weakness on 1st OCT 2022 at 01;10pm.

Airway-	clear	
breathing	-DIB, RR=30cpm, SPO2=80%	oxygen therapy via NP=93%
Circulation	mild palor, hypotension 80/45mmhg capillary refill <5s	iv RL IL stat, iv tranexamic acid

S	Signs and symptoms	<ul style="list-style-type: none">• Pv bleeding• Fever 39c• vomiting
A	Allergies	non
M	medications	Non known from history
P	Past gyn history	PG at 9 WOA
L	Last meal	vomiting
E	events	unknown

Problem list

- Hemorrhagic shock
- Hyperthermia
- Dehydration
- Abortion
- Epistaxis
- Bloody diarrhoea
- Malaise

Follow up

- Done MVA
- Transferred to ETU on 2/OCT/2022
- Transfused with 2 units of O+
- Iv ceftriaxone
- Iv metronidazole
- Iv paracetamol
- Iv RL 2L, NS 1L
- Iv tranexamic acid
- Iv artesunate + tabs ACTs
- Im vit K

- ETU patient was given supportive therapy to counter the problem lists especially fluids for dehydration and antibiotic prophylaxis however patient had a longer stay than expected of up to 14 days as the repeat PCR results delayed to lower the CT values and therefore convert to negative.