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EMS ECHO CASE PRESENTATION

By

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Clinical presentation

- ☐ 16 year old, near drowning in a pool
- ☐ Unconscious, not breathing, no pulse
- ☐ Lifeguard performed mouth to mouth and chest compression
- ☐ Vomited, coughed and started breathing after 2-3 minutes
- ☐ Hospitalized



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Primary Survey (Emergency Assessment and Management)

A	Airway	Compromised	Head tilt, Jaw thrust
B	Breathing	RR=30 bpm, SPO2=80% (RA) Crackles and Rhonchi	Oxygen therapy – Mask, 8ltrs/Min
C	Circulation	Warm peripherals, CRT<2s, PR= 120 bpm BP: 105/55 mmHg	The ECG - irregular regular rhythm, (short-term atrial fibrillation) that later corrected to sinus rhythm.

Primary Survey (Emergency Assessment and Management)

D	Disability	Somnolent, oriented, anxious, GCS=13/15 , pupils 3mm, PEARL, There were no signs of neurological deficit or lateralization. RBS= 5.2mmol/l	- N/A
E	Exposure	Temperature= 35.2°C	Passive Warming with blankets



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SAMPLE History

S	Sign & Symptom	Coughing, froth in mouth and nose, difficulty in breathing
A	Allergies	No known allergies
M	Medication	None

SAMPLE History

P	Past Medical History Past Surgical History FSH	No history chronic illnesses Unremarkable Student, S.3 student, no h/o of alcohol use
L	Last meal/LNMP	Last meal: 4 hours ago, breakfast
E	Events	N/A



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Secondary Survey (Head-to-toe examination)

Head and Neck – No deformities and no injuries

Chest – **Basal crepitations and rhonchi.**

Abdomen – Soft, no tenderness, no masses.

Normal bowel sounds

Upper and Lower Limbs – Unremarkable



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Problem List

- Respiratory distress
- Basal crepitations and rhonchi
- Decreased level of consciousness
- Hypothermia
- Tachycardia
- Irregular heart rhythm

Investigations

- ECG- **irregular rhythm**, HR 120/min with short-term atrial fibrillation that later corrected spontaneously into normal sinus rhythm
- CXR - **Showed spotty shadows in the middle and inferior lobes** with free Costo-diaphragmatic recess sinuses bilaterally.
- RFTs- Normal
- CBC-Normal

Differential Diagnoses

Impression

- Near drowning

DDX

- Aspiration Pneumonia

Management

- IV Ceftriaxone 2g OD x 5 days
- IV Gentamycin 160mg OD x 5 days
- IV Metronidazole 500mgs 8h x 3 days
- IV PCM 1g TID for 5 days

Follow-up

- Day 5 after admission the patient showed **complete recovery, (CXR – Normal)** and no pathological signs on physical examination of the lungs
- However, during each attempt to get up, we registered **atrial fibrillation** or individual SVES (supraventricular extrasystole) and VES (ventricular extrasystole) triplets.

Follow-up

- Did ECHO – Showed structure of the left ventricular myocardium was hyperechogenic; echocardiography was performed with slightly restricted LVEF
- RX – IV Labetalol 50mgs. Patient advised to avoid any kind of exertion.

Disposition Plan

- Health education
- Discharge Medications: Amoxiclav, Atenolol
- Advised to see cardiologist
- Avoid physical activity
- Two months later the control echocardiography revealed that heart function had improved further, FS 0.34%; EF >45%



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Thank you