# EMS ECHO 115


## UGANDA'S REFERRAL PROCESSES

EXPERTS

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THE REPUBLIC OF UGANDA MINISTRY OF HEALTH

Seed GLOBAL HEALTH

Project ECHO

**This session will delve into areas such as;**

1. Uganda's referral Levels
2. Referral pathways
3. Call and dispatch processes
4. Referral protocol
5. Inter-facility transfer during Ebola Outbreak

scan to register

**FRIDAY**
**12th June 2026**
**2-4pm EAT**

Meeting ID:920 1613 5698
use link;
**https://shorturl.at/HqpoG**

**Moderator**
**Tom Bazanye Kyobe**
Cofounder & President of AAPU

**Chat Questions**
**Dr. Nakyeyune Marion,**
Principal Medical Officer EMS MoH

ECAU EMERGENCY CARE ASSOCIATION OF UGANDA

# Patient demographics

- Name: M.H
- Age: 41y
- Sex: Male
- Occupation:  Farmer
- N.O.K: N.F
- Relationship: Spouse
- D.O.A: 12/05/2026 at 2:30 pm

# Brief History

- 41y/m, referred to Mulago NRH following 1/7 history of reduced levels of consciousness.
- Known DM/HTN on treatment, who was fairly well till 1 day prior to admission when he developed a sudden loss of consciousness that had been preceded by a feeling of dizziness, after which he collapsed. No hx of convulsions, nausea or vomiting reported.
- Current treatment regimen; metformin 1g b.d, Glibenclamide 10mg o.d, Losartan-H 50/12.5mg.

# Clinical Finding at Referring Facility

On assessment; middle aged man, semiconscious, not pale not jaundiced not dehydrated.

Systemic:

CNS: GCS: 10/15(E2V3M5), PEARL, No obvious FNDs noted

CVS: warm peripheries, CRT<2s, PR=86bpm, BP150/93mmHg

RS: Mild Tachypnea at RR=22bpm, not in obvious distress, chest clear. SPO2 = 94% on room air.

# Referral Processes

- Pre-notification: Not done
- Preparation before transfer: Not done
- Patient/caretakers consented to the referral: Yes, though it was verbal consent
- Mode of transport: Ambulance type A
- Transport team: Ambulance driver, 2 nursing students in year 1
- Communication between the referring and referral facilities: None

# Coordination

There was no co-ordination between the referring and receiving facilities

# Decision Making

- Decision to refer was appropriate given the patient's condition and resource limitations at the referring facility

# Enroute Care

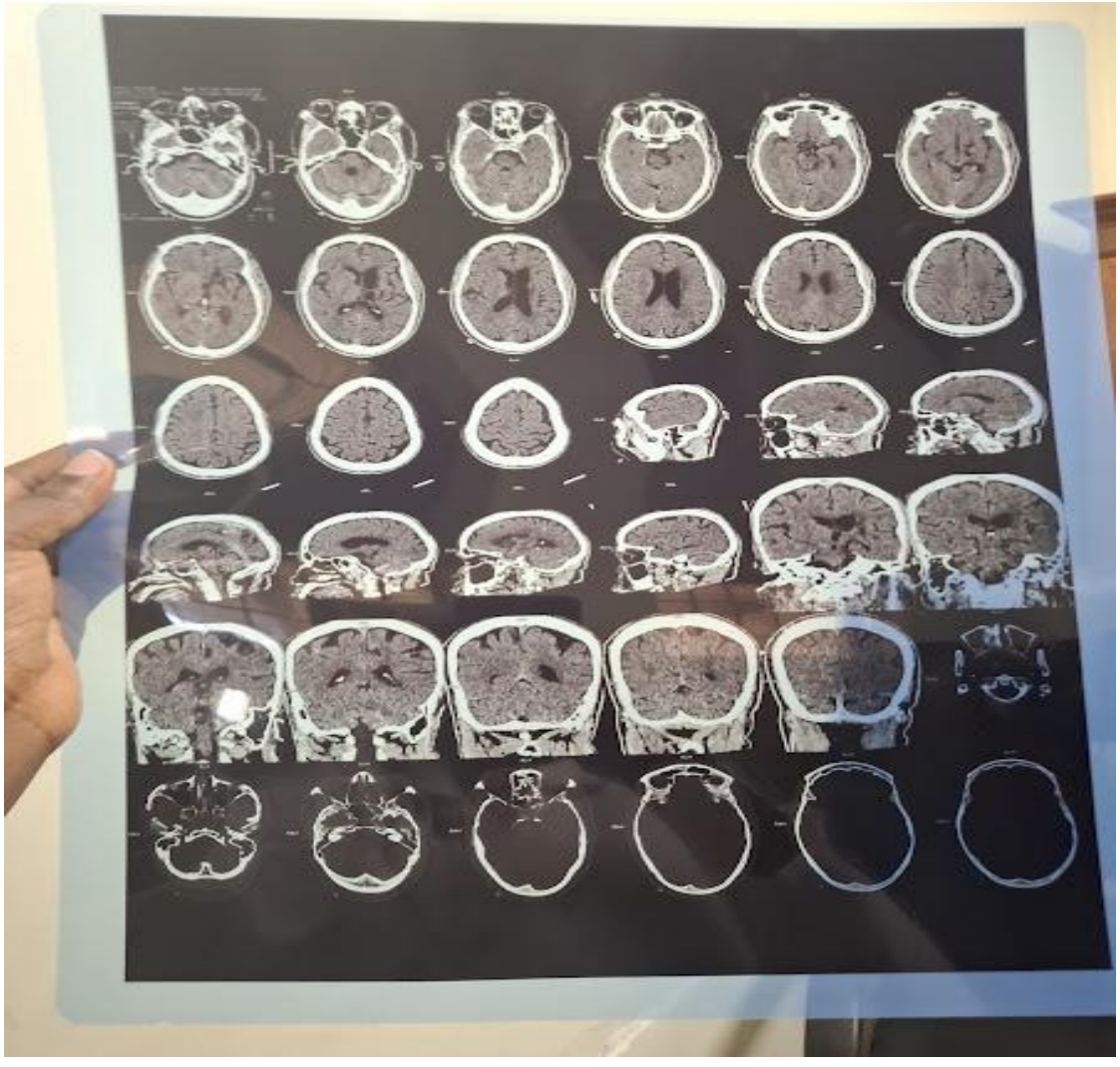
There was no care given enroute, however towards their arrival to MNRH, the team noticed patient was worsening in level of consciousness, so they took vitals and at this point

BP=140/95mmHg PR= 82bpm

SPO2=89% on room air, at this point oxygen therapy was initiated at 5L/min via nasal prongs.

Patient taken for Brain CT scan off oxygen, then later brought to the MEU still off oxygen.

# Imaging done



# Care at the Receiving Facility

Upon arrival, primary survey was done;

A: At risk due to reduced LOC

B: RR=20bpm, good chest movements and expansion. Good air entry with normal breath sounds. SPO2=90% R/A

C: warm peripheries, CRT <2S,regular and full volume pulse at PR=8bpm. BP=148/90mmHg. HS1+2 heard and normal

D: GCS 8/15, E2V2M4, PEARL, No obvious FNDs, No seizures observed. RBS=1.8mmol/L

E: Afebrile to touch, otherwise no other significant finding

# Immediate interventions

- Raised HOD to 30 degrees
- Oxygen therapy with NP at 3L/min, SPO2 improved to 95%
- I.V D50 25g stat then maintained on D10 250ml 8 hourly for 24 hours, (Patient returned to full conscious state after initial d50 bolus)
- Attendants advised to feed patient when ready
- I.V fluid bolus RL 500ml stat
- Review of current regimen done
- Labs for work up

# Lessons Learnt

- Comprehensive assessment, including bedside glucose testing, is essential in all patients with altered mental status.
- Patients should be adequately stabilized before referral.
- Effective pre-referral communication enhances continuity of care and preparedness at the receiving facility.
- Critically ill patients require transport teams with appropriate training and competencies.
- Continuous monitoring and timely interventions during transport are crucial to detect and manage deterioration.
- Structured documentation and referral processes improve patient safety and quality of care.

# Recommendation

- Implement standardized referral and transfer protocols, including stabilization, documentation, and handover
- Ensure mandatory pre-referral communication between referring and receiving facilities.
- Perform point-of-care glucose testing for all patients presenting with altered mental status before referral.
- Strengthen ambulance services with trained personnel, essential monitoring equipment, and emergency supplies.
- Introduce referral checklists to support safe patient preparation, transfer, and handover.
- Provide regular training and mentorship on interfacility transfer of critically ill patients

Thank you