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# EMS ECHO CASE PRESENTATION

By  
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# Clinical presentation

Case – 2yr/F infant presented with 2 hours h/o DIB associated with fast and noisy breathing, following an accidental fall into an incomplete latrine pit about 6 feet deep, containing rain water, found unconscious however no history of convulsions, fever.

She is assumed to have spent <10 minutes in the pit.

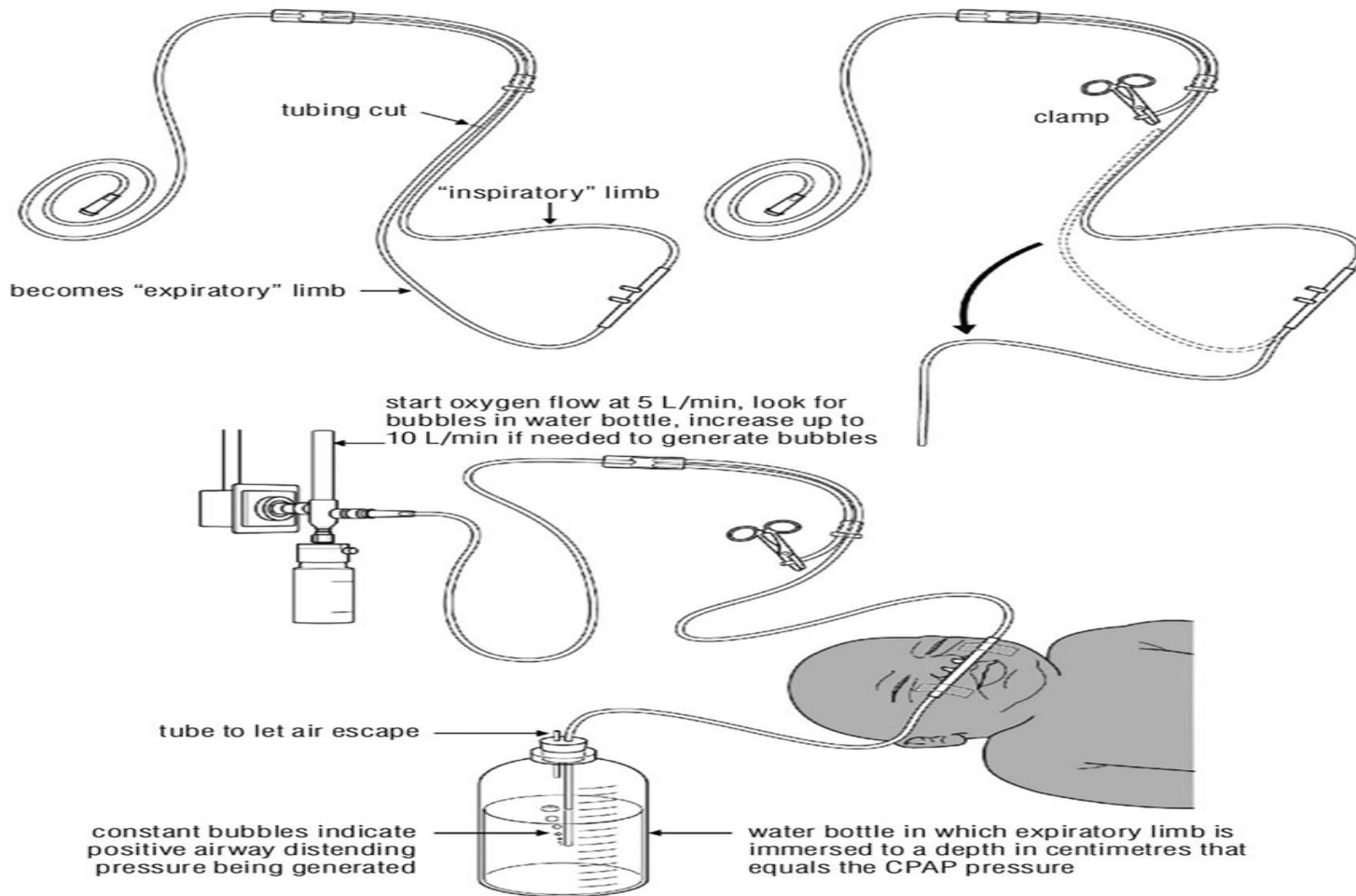


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# Primary Survey (Emergency Assessment and Management)

A	Airway	open	Threatened (AVPU=P)
B	Breathing	RR-67bpm, SpO2-72% Nasal flaring, head nodding, grunting Subcostal and sternal retractions. Bronchovesicular breath sounds and diffuse coarse crackles.	Oxygen therapy. Initially via nasal prongs but after reassessment transitioned to CPAP (locally made).
C	Circulation	PR-112bpm Cold extremities	Administered IV fluids.



# Primary Survey (Emergency Assessment and Management)

D	Disability	A V <b>P</b> U RBS: 15mmol/l PEARLS	Placed in recovery position
E	Exposure	Temp: 35.2oC	Covered the child in warm clothing

# Secondary Survey (Head-to-toe examination)

**Head and Neck** – Normal findings (no wounds, swellings)

**Chest** – Subcostal and sternal recession, diffuse coarse crackles

Upper Limb - normal



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# Secondary Survey (Head-to-toe examination)

Abdomen –mildly distended with hyper-tympanic percussion note.

Genitalia - Normal

Lower limbs -Normal



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# SAMPLE History

S	Sign & Symptom	DIB Loss of consciousness.
A	Allergies	Not known
M	Medication	None



# SAMPLE History

P	<b>Past Medical History</b>  <b>Past Surgical History</b>  <b>FSH</b>	- None  -None  - Fifth born of 5children, born to peasant parents
L	Last meal/LNMP	Had eaten lunch that day
E	Events	Accidently fell into an incomplete latrine pit while playing with siblings.

## Problem list

1. Respiratory distress
2. Hypoxia
3. Hypothermia
4. Reduced level of consciousness
5. Distended abdomen

# Investigations

Recommended: CXR, serum electrolytes, brain CT scan, cervical spine X-ray.

NOTE: none was done due to limited resources.



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# Differentials

Near drowning complicated by

1. Aspiration/chemical pneumonitis
2. Acute respiratory distress syndrome.

Ruling out: + cervical spine/head injury  
+ severe pneumonia.



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# Management

- Oxygen therapy via nasal prongs 2L/min.
- I.V fluids 1.1L/24hrs, 270ml/6hourly/ 1/7. R/L:N/S- 1:1.
- I.V Ceftriaxone 1g/OD/-3/7
- I.V hydrocortisone 50mg/TDS/-1/7
- Keep the child warm.
- Monitor SPO<sub>2</sub>

# Follow-up

Followed up for 5days.

Child displayed progressive improvement.

Was weaned off oxygen therapy on the 3<sup>rd</sup> day.

Level of consciousness improved gradually and was alert and active by the 4<sup>th</sup> day.



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# Disposition Plan

Tabs amoxikid 250mg/TDS/ 5/7.

Follow up appointment date.



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Thank you