



Ministry of Health Emergency Medical Services ECHO Case Presentation Form

Date: 25/02/2022

Presenter's name: Dr. Komagum Faith

Presenter's location: Mulago NRH

Patient Initials: K.G.

Age: 25

Sex: Male

Diagnosis (if known): Poly-trauma with Fracture right tib/fib, fracture right humerus, scrotal injury

What is your presenting Complaint?

Pain, deformity and inability to use left upper and lower limbs

History of presenting complaint- Duration and Progress

Patient was received 10 days ago.

Collateral history was obtained from the policemen who brought him in.

K.G. presented to the E.D. with pain, deformity and inability to use left upper and lower limbs following gunshots fired by the police during his arrest.

There was associated loss of memory (anterograde amnesia) but no convulsions or loss of consciousness.

Systems review of the illness:

Respiratory system- unremarkable.
Cardiovascular system- unremarkable
GU system- unremarkable
GIT- unremarkable
CNS- unremarkable

Disease concerned	General/Other
	• For e.g. Skin, Endo, HEENT, Resp, CV, GI

Significant Medical/Surgical history

Unknown serostatus, No known allergies, No history of chronic illnesses, Not on any known medications.

No history of major trauma, surgery or blood transfusion.

Social history and pertinent family history

Work status:	Occupation: Boda-boda rider
Education: Uneducated	Socio-economic class: Third-class
Marital status: Single <input type="checkbox"/>	Lifestyle habits: Long term use of marijuana and smoking tobacco("taaba"). No history of alcohol intake.
Relevant health conditions in the close family members?	
No known familial illnesses.	

Examination Findings

Airway

Airway patent.

Patient was able to speak.

Breathing

Symmetrical chest movements, no obvious chest lesions or deformities, trachea centrally placed, bilateral air entry. RR- 20 breaths per minute, SPO₂- 97%

Circulation

Warm extremities, capillary refill <3 seconds, regular normal volume radial pulse, BP-130/78 mmHg, PR-105

Disability

Initial GCS- 14/15 (E-4, V-4, M-6), PEARL, no focal neurological deficits.

Blood glucose not done.

Exposure

Clothing soiled with blood.

Upper limb: Marked tenderness over left upper arm with crepitus. Entry wound on posterolateral aspect with exit wound on the anteromedial aspect.

Multiple bone fragments palpated. Sensation intact and radial pulses strong.

Lower limbs: An entry wound noted over the left shin just below the tibial crest with exit wound on the calf. Palpable bone fragments on the left tibia. Sensation intact, Dorsalis pedis pulse present.

Temperature- 36.5°C

SECONDARY ASSESSMENT

HEENT: Bruise on the superior aspect of the scalp. No other remarkable findings.

Chest: Normal findings.

Abdomen: Scaphoid, soft, non-tender, no organomegalies.

Limbs: Refer to exposure assessment above. No new findings.

Buttocks and perineum: Laceration over the medial aspect of the right gluteus.

Back: Normal findings.

Genitalia: Degloving injury of the right scrotum with partial loss of the right testis, contusion of the left scrotum.

Relevant Systemic Examination

On examination: Conscious, afebrile, mild pallor, no jaundice, no edema, no dehydration.

Central Nervous System

GCS-14/15 (E-4, V-4, M-6), PEARL, no focal neurological deficits. Neck soft.

Cardiovascular System

BP, PR (refer above), Heart sounds S1 & S2 heard with no added sounds

Per Abdomen: Stated above.

Musculoskeletal

Stated above under exposure

Case Summary

25-year-old male who presented with injury, deformity and inability to use the left upper and lower limbs, as well as perineal and scrotal injury following gunshots.

Sustained memory loss but no associated loss of consciousness or convulsions.

Impression: 25-year-old polytrauma patient with #humerus, #tib/fib, degloving scrotal injury

Management Plan

1. CBC, RFT, LFT, electrolytes, Blood grouping and cross-matching
2. Do E-fast, X-ray of the left humerus and the left tib/fib
3. Debridement, backslab and scrotal repair- in consultation with orthopedics and urology
4. IV Paracetamol 1g 8 hourly
5. IV Ceftriaxone 2g od
6. 30mls D50 + 500 mls NS
7. Urinary catheter insertion

Follow-up:

Debridement and backslab was done for the fractures.

The patient is currently stable and being managed for his scrotal injuries on the urology ward following scrotal debridement and repair.