Ministry of Health
Emergency Medical Services ECHO
Case Presentation Form

Date: 25TH /02/2022 Presenter's name: DR. OKELLO MIKE Presenter's location, ARUA RRH

Patient Initials, LF. Case Id (hub will assign):_____Patient type: ☒ **New case** ☐ Follow up

Age: 35 years Sex : ☐ **Male** ☐ Female **Diagnosis (if known): HYPOGLYCEMIA**

What is your presenting Complaint?

- **Convulsion**
- **General body weakness** } **6 hours**

History of presenting complaint- Duration and Progress

LF a 35 years old/Male a known chronic alcoholic referred from peripheral clinic with a 6 hours history of convulsions that was generalized tonic and clonic in nature, associated with general body weakness. He was found lying in his room with multiple bruises on his face and head as well as unable to talk.

Systems review of the illness:

Un remarkable

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

Significant Medical/Surgical history

No past medical history such as HTN, DM or SCD and he is of unknown sero status.
He has never under gone any major surgery or trauma.

Social history and pertinent family history

Work status: **Unemployed**	Occupation: **Unemployed**
Education: **Diploma holder**	Socio-economic class: **Low income**
Marital status: **Single** ☐	Lifestyle habits: **Chronic alcohol taker**
Relevant health conditions in the close family members? **No any family Illnesses**	

Examination Findings

Airway
Air way was clear although he could not talk.
No secretions or foreign body.

Breathing
Spontaneous breathing with visible normal chest movement, no chest deformity, No use of accessory muscles of respiration.
RR-18 breath/minute
Spo2 – 94% RA
chest clear with equal air entry bilaterally.

Circulation
Warm extremities with capillary refill of 2 seconds, No pedle oedema, No cynosis,
No distendent neck veins.
PR-88b/min, BP-120/72 mmHg.
Heart sound 1 and 2 heard and normal

Disability
Patient was fully conscious, but not accepting to talk.
GCS- 12/15 E-5, M-6, V-1

PEARL No. focal deficit, No neck trauma
R BS – 2.1 m mole/l

Exposure
Patients' clothing's were dirty, He had Bruises on the face and scalp.

Vital Signs;
Blood Pressure 120/72 mmHg Pulse rate 88 b/mim SPO2 94%RA
Temperature 36.5^{0}C Respiratory rate 18breath/min Weight, _____ Height, _____

Relevant Systemic Examination

General examination
Sick looking middle-aged man, afebrile, No pallor, Jaundice, No pedal edema, and no central cynosis.
Central Nervous System
Fully conscious with GCS- 12/15 E-5, M-6, V-1
No neck stiffness, negative Kerning's sign.
PEARL.

Cardiovascular System
Warm extremities.
BP-120 mmHg PR-88bb SPo2 – 94% RA
72

Per Abdomen

Normal fullness, non-Tender, with no organomegaly and Tympanic.

Other systems
Un remarkable

Case Summary
LF a 35 years old/male referred from peripheral clinic presented with convulsions generalized tonic, chronic associated with GBW and inability to talk. Had RBS OF 2.1 mmol/l.

Impression: (i) Hypoglycemia secondary to excessive alcohol intake.
(ii) Closed head injury

Focused investigation *(list and attach pertinent labs)*

Current Labs			
Test	Result	Reference range	Comments/Interpretation
For e.g. CBC			
For e.g. HIV			
For e.g. IGRA			
For e.g. TSH			
Imaging/ Special investigations			
Test		Salient findings	
For e.g. MRI			

Focused lab investigation CBC, LFT, RFT, RCT, RBS, RDT

Brain CT scan

Management Plan

At the emergency,

(i) IV Dextrose 50% stat
(ii) Do CBC, RBS, RCT and RDT B/S for MPs HBA1C.
(iii) Brain CT scan
(iv) IV mannitol 100mls of 20% start
(v) Admit in medical ward.

At medical ward

(i) Follow up on LFT, RFT/serum electrolyte B/S for MPs. HBA1C and Brain CT scan.
(ii) IV dextrose 5% 1 litre over 24 hours.
(iii) IV mannitol 100mls of 20% BD for 2 days.
(iv) Physical review with results.
(v) Consult psychiatric team for counselling.