COULD IT BE AKI

CASE PRESENTATTION

BY

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- YK, a 4 Year old patient presented with a two weeks history of generalized body swelling which started gradually following a febrile illness that lasted for one week and was managed using unknown intravenous medications.
- The body swelling began with significant facial puffiness that was prominent on waking up in the morning hours but resolved by the day and progressed gradually to significant general body swelling.
- There was a 5 day history of passing tea colored urine and reduced volume on voiding compared to before the febrile illness.
- There is no history of easy fatiguablility on exertion or shortly after playing and no paroxysmal nocturnal dyspnea, but history of orthopnea and difficulty in breathing for 4 days,
- There is no loss of appetite, no abdominal pain, no history of passing loose stools and no vomiting was reported.

Airway and C-spine	**FINDINGS** **In obvious respiratory distress** **Able to talk and support his neck**	**INTERVENTION DONE**
Breathing	❖ RR-45 cpm,SP02-90% ❖ Chest moves symmetrically on respiration , no tenderness, ❖ Had a dull percussion note in the inframammary and subscapular regions bilaterally. ❖ There was reduced breath sounds, with crackles in the inframammary, axillar and sub scapular regions bilaterally.	Oxygen therapy-NP-SPO2-98%

Circulation	❖ warm extremities, ❖ no pallor ❖ Tachycardia 144bpm strong pulse ❖ BP 146/98mmHg(99th Percentile for age), ❖ Capillary refill <2s	▯ Continued oxygen administration and 30 minutes monitoring of BP ▯ Atihypertensives- Hydralazine 0.1Mg/kg 6hourly ▯ Diuretic-IV Furosemide 2mg/kg ▯ Fluid management(restriction) and monitoring urine output
Disability	❖ GCS-EO-4,BVR-5,MR-6=15/15 ❖ oriented X3 ❖ Pupils: EARL soft neck normal power in all limbs	▯ None ▯ periodic monitoring
Exposure	❖ Tempreture 37.8 degrees celcius- Febrile ❖ edema/ Anasaka present	▯ Exposd the child and encouraged tepid sponging, monitered q 30mins

S	Signs and symptoms	Fast breath , nasal flaring with DIB
A	Allergies	None/Unknown so far
M	Medications	Anti malarials and received Analgesic -Ibuprofen
P	Past medical history	Treated for severe malaria and Dark urine syndrome at the lower health center
L	Last meal	Last ate breakfast 4hrs ago, milk tea with mandazi
E	Events	No significant events reported

Problem list

- Hypertensive emergency
- Hypoxia,??Pulmonery eodema
- Acute Kidney Injury
- ? Malaria

Follow up

- RFTs and Serum Electrolytes.
  - Results not provided though samples taken
- Chest x-ray showed -
  - Increased parenchymal opacity with karley lines,
  - peribronchial cuffing with enlarged pulmonary arteries
- Daily weight monitoring
- Blood pressure monitoring
- Fluid and Salt restriction
- Enroll in clinic for follow up