CASE PRESENTATION ANAPHYLAXIS

DR. OGWANG JOSHUA

MEDICAL OFFICER

PRINCETON CHILDREN’S HOSPITAL

- A 7-year-old, girl, known Asthmatic , a refferal from a pheriperal clinic presented with sudden onset of high fever (39.1°C) after receiving intravenous administration of Ceftriaxone by a trained nurse. Her mother observed that she developed a pruritic erythematous rash within 15-30mins min after receiving the drug. On arrival at the emergency room, she was conscious, severely distressed, irritable with stridor. with swelling of the eyes, lips and eyelids, Wide Spread urticaria.
- obvious respiratory distress , and near choking. tachycardia (>160/min),thready pulse, and a decrease in blood pressure (78/40 mmHg).Sp02=80%. Edematous Airway
- A distress call to City Ambulance(equiped with an ambulatory vent) was made to rescue the situation. In the meanwhile...

- Continous Pulse oximetry monitering revealed the reduction in SPO2 from 80 to 42%. Auscultation of her chest revealed bilateral wheezing. Two doses of 0.5 mg of epinephrine were administrated intramuscularly ~5 mins apart. .This patient was also treated with crystalloid solutions, intravenous Hydrocortisone 100mg, oxygen, and aerosolized (salbutamol 2.5mg + Budesonide 0.25mg with Oxygen)
- Noting the Slow Response and Rapid Detoriation in the clinical status with a more of a silent chest.
- . A Controlled Infusion of IV aminophyline 200mg in 20ml of dextrose 10% was given over 2 mins. A remarkable Improvement in Breathing was noted , and Sp02 increased to
- . The patient responded to this management, and the blood pressure rose to 106/52 mmHg and stridor resolved about 1 min later but the pulse remained high.

- The parents indicated that they were not sure wether the patient had ever beentreated with Ceftriaxone before and she had never experienced an adverse reaction to medications but her doctors say she ocaasionally had mild wheezing whenever she visited the doctors when contracted cough and flue.

- Over the next 15 mins, the severe clinical symptoms resolved. sp02: 94% in RA ,99% on Oxygen by nasal Prongs. BP: 114/71mmhg. PR: 117bpm, RR: 20cpm. Only mild occasional wheeze. The situation was calm.

Airway and C-spine	In obvious respiratory distress Speaking 2-3 words with stop. Edematous Airway.	Jaw Thrust Distress Call to City Ambulatory for posssible need to intubate
Breathing	RR-36cpm,SP02-% 48 RA. 80% 0n NRM at 10 L/min. Symmetrical Chest Expansion Prolonged expiration, Bilateral Wheezes, Fine Crepitations Bilaterally Dull Percussion Note. Later We noted a silent chest, and Gasping	Oxygen therapy+ (Nebulised Salbutamol+ Budesonide) at 10L/min-SPO2-88-% IM Epinephrine 0.5mg ,5mins apart slow IV Aminophyline. 200mg ,

Circulation	Cold extremities no pallor Tachycardia 160bpm thready pulse BP 78/40mmHg Capillary refill~2-3 seconds.	Iv fluids 750ml N/s
Disability	Confused, agitated, anxious GCS-E-4,V-5,M-6=15/15 Pupils: EARL soft neck power 5/5 in all limbs, normal tone, uncordinated movement and grasp. Intact sensation	Bed Rest.

Exposure	No observable injury	

S	Signs and symptoms	DIB with chest pain worsening on moving the right hand Facial and scalp lacerations Anterior and posterior chest wall bruises
A	Allergies	Cold Allergy and Dust, Asthmatic
M	Medications	Was started on Iv Ceftriaxone (~30mins ago.) Unknown brand. Maintainance: Montelukast 5mg, Ventolin PRN
P	Past medical history	Known Asthmatic. about 1-2 mild attacts a month.resolves with ventolin
L	Last meal	Breakfast; ate it about 4 hrs ago
E	Events	She was administered IV ceftriaxone ~30mins ago

Problem list

- Lung Congestion
- Circulatory Collapse
- Severe Bronchospasm
- Airway edema

- She was taken as daycare. observed for the whole day, stabilised and was discharged home.
- Antibiotic changed to IV flucamox
- Iv Hydrocortisone.

- Had about 3 episodes of loose motions in period of 1 hour. then resolved

- distress call to ambulance cancelled