THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

CASE PRESENTATION

TRAUMATIC BRAIN INJURY

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- 64Y/male with no known chronic illnesses presented with 6hrs hx of reduced LOC, scalp bleeding wound 2nly to RTA. He was riding a speeding motorcycle under the influence of alcohol from the bar towards his home which was appro 2km away, knocked a stone and fell into the trench. Had an episode of vomiting at the seen, vomitus containing food eaten. No associated history of ENT bleeding, convulsions.

S	Signs and symptoms	Loss of consciousness Rt. Scalp laceration
A	Allergies	Non known to first responders
M	Medications	Non known to first responders
P	Past medical history	Non
L	Last meal	Vomited at the scene
E	Events	Unknown

Airway and C-spine	**Respiratory distress minimal blood stained secretions Bitten Tongue <1cm laceration Intact dentition**	**Oral Suctioning- Cervical collar placed**
Breathing	RR-26cpm,SP02-90% Normal chest exam	Oxygen therapy-NP-SPO2-96%,

Circulation	**Warm extremities** **No pallor** **Tachycardia 110bpm strong pulse** **BP 136/70mmHg** **Capillary refill <2s**	**I.V N/S 120ml/hr** **Transurethral catheter with urine bag**
Disability	GCS-E-2,V-3,M-5=10/15 Pupils: Rt.Periorbital edema, PEAL, Normal power in all limbs. Intact sensation. RBS-6.6mmol/L	Head elevated 30 degrees Neutral position

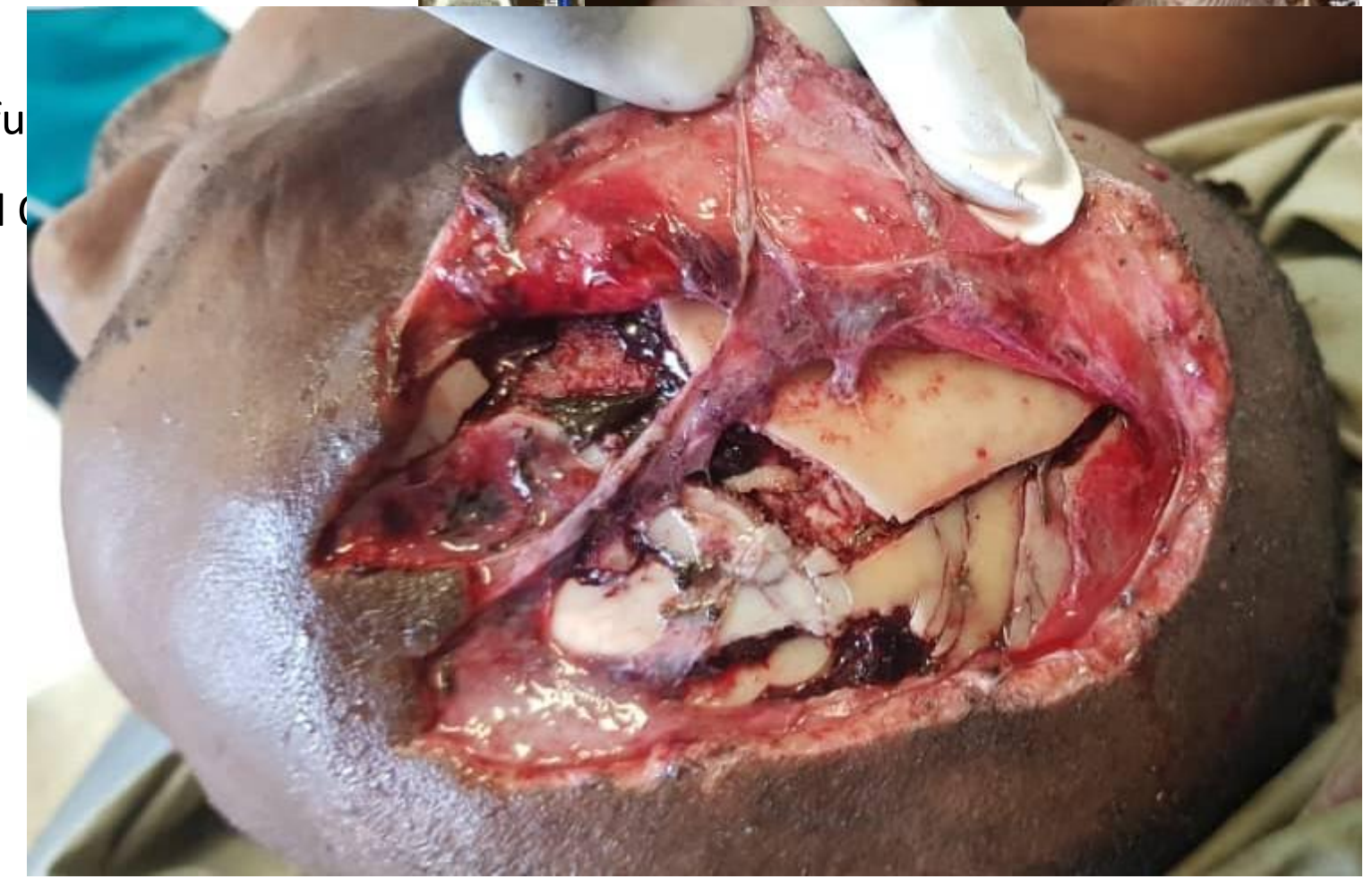
Exposure	**Head-RT periorbital edema, Rt.Temporal laceration 16*8cm, grass in the wound** **Chest: Normal** **Abdomen: normal fullness**	**Pressure dressing of the scalp wound** **IV PCM 1g stat** **IM Tramadol 50mg stat**
E-FAST	NEGATIVE	Cranial non contrasted CT scan with c-spine extension upon stabilization

Problem list

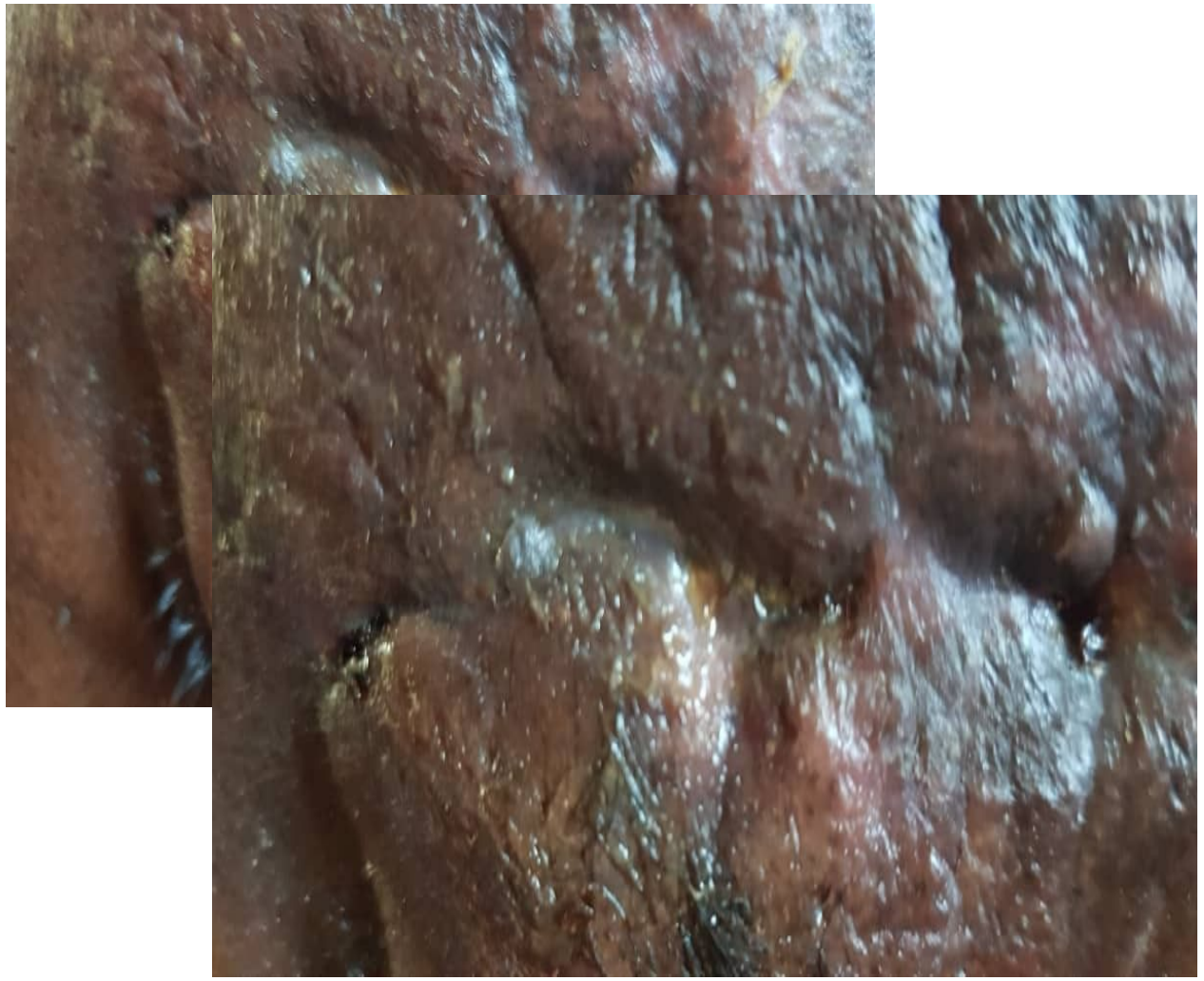
- Moderate traumatic brain injury + scalp fractures ?? Intracranial hemorrhage
- R/o C-Spine injury

Follow up

- Cranial Ct scan done
- Neurosurgery team informed; on fu
  assessment and review: scheduled
  (debridement) upon stabilization.
- IV Ceftriaxone 2g od
- IM TT 0.5ml stat
- IV Paracetamol 1g tds
- IM tramadol 50mg tid
- IV N/S 120ml/hr for 24hrs



- 7/7 post surgery, patient developed Surgical Site Infection, though he was fully conscious,
- Repeat Ct scan: NO Extra Dural empyema/abscess
- Managed by daily dressing, Culture & Sensitivity tailored drugs, ESR .
- Patient is now back to the community



THANKS FOR LISTENING

ASANTENI SANA

Discussion: Dr.Julie

- Anticonvulsant prophylaxis
- Antibiotics in head trauma
- Pain management in head trauma
- Extradural and subdural hematoma

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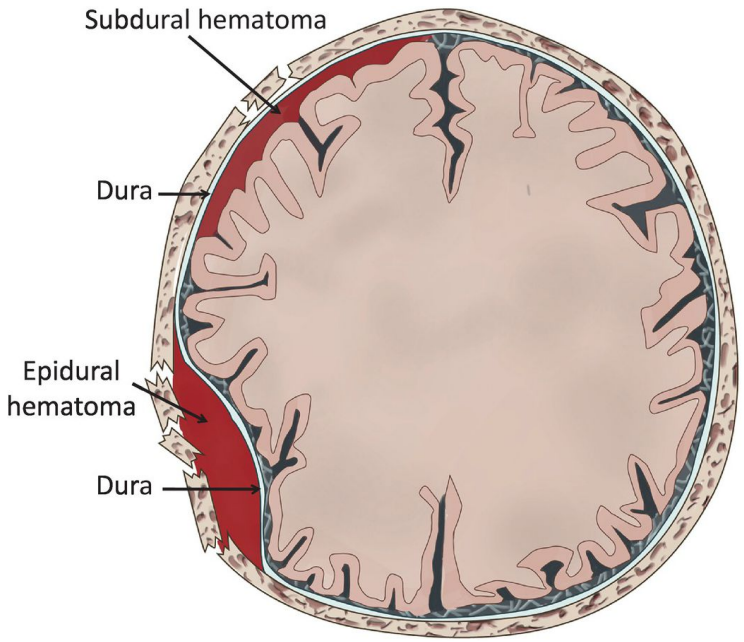

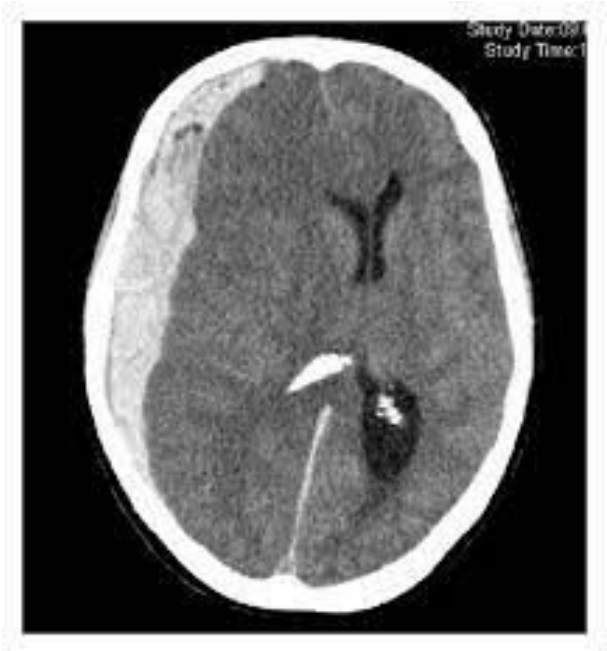

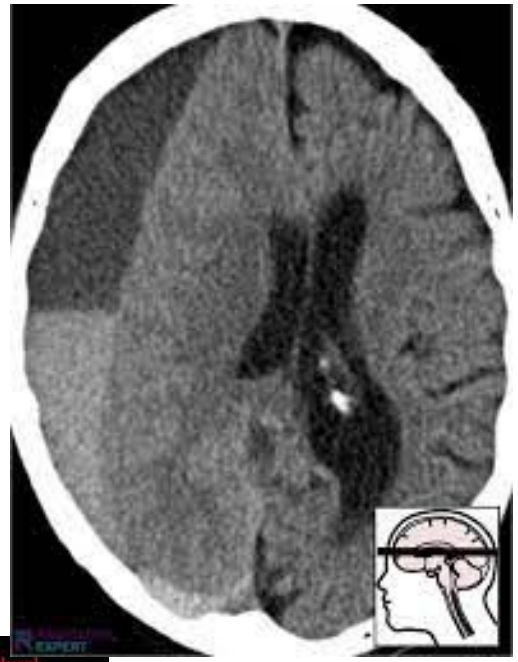

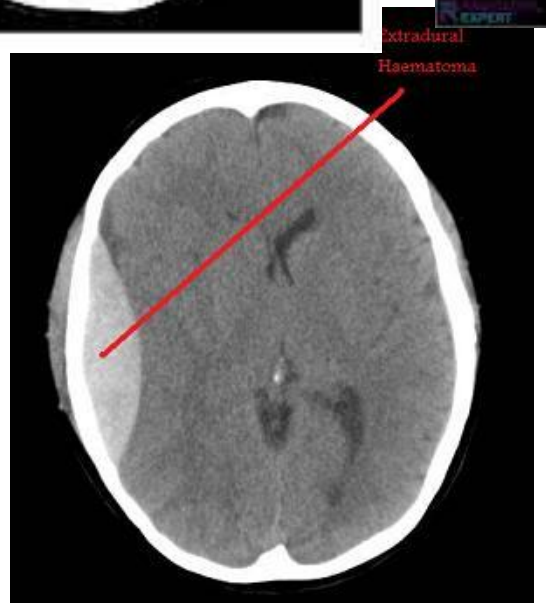

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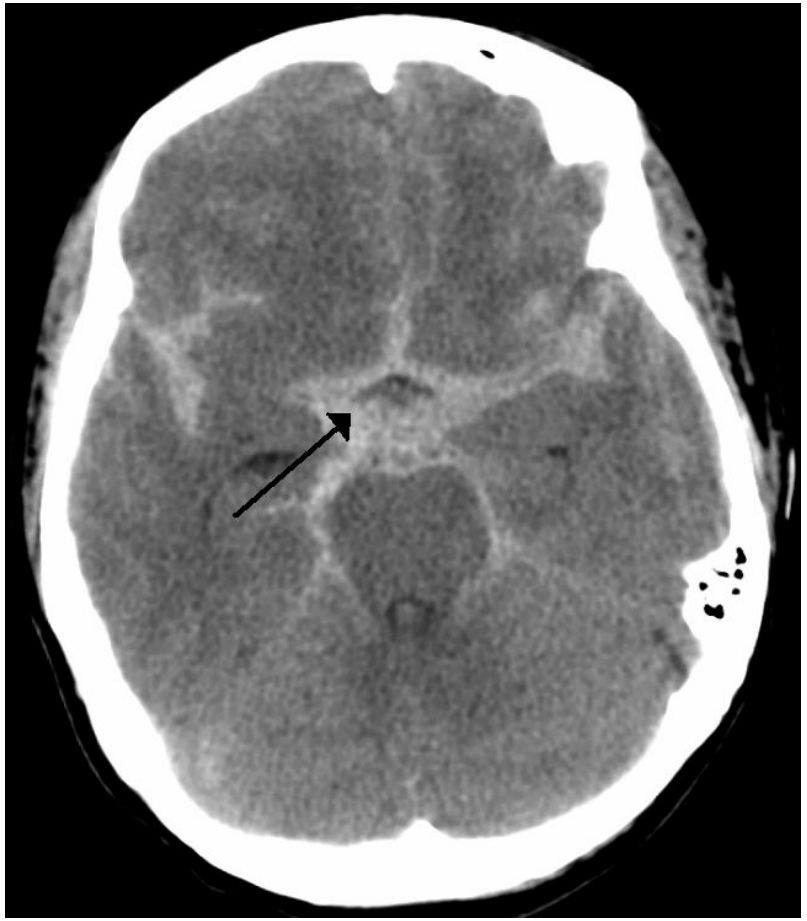
Subarachnoid Hemorrhage



Intracerebral Hemorrhage