



Ministry of Health Emergency Medical Services ECHO Case Presentation Form

Case 1

A 27-year-old male patient, known HIV patient on ARVs in Kabale RRH was admitted unconscious with alcohol intoxication. 2 days later he developed features of aspiration pneumonia with worsening mental status and difficulty in breathing. He was started on IV metronidazole. A day later, the patient developed sepsis and IV Ceftriaxone was started. Blood cultures were drawn and sent for C&S; preliminary results after 2 hours revealed Gram negative rods, and Gram positive cocci in clusters; De-escalation basing on the preliminary results was however not done due to stockouts of drugs from the hospital pharmacy. 24 hours later, the patient developed sepsis with multiorgan dysfunction and died despite resuscitation attempts.

AST results 2 days later revealed E.coli and S.aureus only sensitive to Chloramphenicol.

Case 2

A patient in soroti RRH who had been referred to a general hospital for possible amputation with a referral diagnosis of necrotizing fasciitis of the right lower limb; on admission, a pus swab was taken for C&S, AST results were released 2 days later and showed resistance to all antibiotics except Ciprofloxacin to which patient management was optimised. He was discharged 5 days later with both limbs intact.

Case 3

A.D, a 10 months old girl admitted on 08/02/2021 in Kabale RRH paed ward with high Fever, cough, severe anemia, and difficulty in breathing for one week, vomiting everything for 4 months and passing tea colored urine for 2 weeks. Child had not completed immunization, took Azithromycin in the past one week.

A diagnosis of Severe acute malnutrition with severe anemia and septicemia was made on admission. IV Ampicillin (2 doses only (changed to IV CEFTRIAXONE AND IV GENTAMYCIN the following day), Nutritional Rehab, blood transfusion, Oxygen therapy were started.

INVESTIGATIONS: On 8/2/2021 – CXR, RCT, GeneXpert and CBC, ABO BLOOD GROUP and Rhesus factor which were repeated on 12th/2/21.

Blood culture requested on the 12th/2/2021. Sample removed on the same date, results received 3 days later showing **E. COLI** sensitive to only **Amoxicillin-clavulinate** and **Imipenem**.

Outcome: Child passed on 13th/2/2021(MHSRIP)

Case 4

A 36-year-old male on the surgical ward of Kabale RRH being managed for a non-healing ulcer for 3 weeks; multi-drug resistant Acinetobacter isolated after 3 weeks with changing resistance pattern from the initial one; isolation of patient with initiation of meropenem led to rapid improvement. Following this, all patients on the surgical ward with wounds were swabbed in order to contain a possible Acinetobacter hospital acquired transmission. 3 patients were found with a multidrug

resistant Acinetobacter, only sensitive to Imipenem. Isolation of the patients was done, with drafting of a disinfection protocol on the surgical; ward and environmental swabbing.

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