

Urgent Cases in A & M

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Format

- Case presentation
- Assessment & management
- Discussion

Case 1

- 34 year old man
- Known asthmatic on ventolin and flixotide inhals
- Presented with increasing wheeze, SOB, coughing overnight

History

- What do you want to know to assess severity of his asthma?
 - Previous episode with severity i.e. Admission to hospital
 - Frequency of beta 2 agonist use
 - Use of steroid
 - Other illness

Examination

- Sweaty
- RR
- Paradoxical abdominal muscle use
- Accessory muscle use
- Hypoxia (Oxygen sat. < 94% on air)

Management

- Asthma
 - Nebulising with ventolin via
 - Oxygen 6 litres/hour
 - Maximum dose 1.5 mg/kg
- Other conditions
 - Will need admission to hospital

Differential Diagnoses

- Pneumothorax
- Chest infection – pneumonia
- Heart Failure
- Cardiac Arrhythmia
- FB inspiration

Discussion

Case 2

- 3 months girl
- Presented with wheeze, recurrent cough, fever, reduced feeding
- No previous history of wheeze
- Family Hx of asthma

History

- Birth – pre-mature or full term
- Other co-existing illness
- Hx of apnoea
- Status of hydration

Examination

- ?Alert & responsive
- RR
- Indrawing – intercostal or/and tracheosternal
- Nasal flaring
- O₂ Sat. < 92%

Management

- Discharge to home or referral to hospital
 - Oxygen sat.
 - Hydration
 - Indrawing
 - Parents or caregivers
- Trial of bronchodilator
- Use of steroid

Discussion

Case 3

- 52 old man
- Presented with sudden onset of abdo pain
- Pain severe radiating to the back
- PMH – HT & high cholesterol
- On anti-hypertensive & lipid lowering drug
- Nil allergy

Examination

- What do you look for?
 - Vital signs – BP, PR, temp.
 - Abdo exam
 - ?soft ?rigid ?distended
 - Any mass present, if present pulsatile or non pulsatile
 - Check femoral pulses if pulsatile mass present

Differential Diagnoses

- Leaking AAA
- Perforated hollow viscus
- Renal stones
- Bowel obstruction
- MI

Investigations

- Urine
- Abdominal x-ray
- ECG if relevant

Management

- IV line – large bore
- IV fluid
- Analgesia
- Referral to hospital via ambulance

Discussion

Case 4

- 36 yr old man
- Presented with central chest pain for the last 2 hours
- PMHx – smoker, HT
- Family history of ischaemic heart conditions
- Medications - antihypertensive

History

- What do you ask ?
 - Type - ?sharp ?stabbing ?crushing
 - Radiation - ?neck ?arms ?back
 - Any association with breathing
 - Similar problem in the past

Examination

- What do you look for?
 - Vital signs – BP, PR, Temp., Oxygen sat.
 - chest wall tenderness, epigastric tenderness
 - Heart sound & chest auscultation

Investigation

- ECG
 - If no acute changes
 - What options
 - Discharge to home -?criteria
 - ?order blood test including troponin
 - ?Refer everybody with chest pain to hospital

Management

- Oxygen
- Aspirin
- GTN spray
- IV leuc
- Morphine IV if indicated
- Antiemetic if indicated

Discussion

Case 5

- 2 yr old boy
- Known history of nut allergy
- Presented with diffuse swelling with red rash all over the body

History

- What do you want to know first?
 - When did he eat a cookie containing nuts?
 - What was the reaction like the last time he had exposed to nuts?
 - What treatment did he have?
 - Is he receiving any ongoing treatment for this?

Examination

- Skin rash & swelling only
 - Not distressed, interactive, not looking unwell
 - What would you do?
- + distressed, tachypnoeic, tachycardic, stridor, poor perfusion, hypotensive
 - What would you do?

Management

- ABC
- IM adrenaline
 - 0.01 mg/kg 1:1000 (1mg/1 ml) solution
 - Maximum 0.5 ml
 - Minimum 0.1 ml
- Call ambulance

Management

- Airway & breathing
 - Upper airway obstruction
 - Nebulize with adrenaline 0.5 mg/kg 1:1000
 - Maximum dose 6 ml
 - Dilute to minimum volume of 4 ml
 - Bronchospasm
 - Nebulize with salbutamol 5 mg in 4 ml
 - At rate of 8 L/min oxygen

Management

- Circulation
 - Establish IV line
 - 20 mg/kg 0.9 % NaCl
 - Give it in repeated boluses
- Other measures
 - IV or oral steroid
 - Oral antihistamine

Discussion

Case 6

- 5 yr old girl
- Presented with barking cough of 2 days of duration
- Mom concerned about her noise breathing

History & Exam

- What do you ask?
 - ?restless, ?lethargic
- What do you look for?
 - Pallor, sweaty
 - Sternal retraction, intercostal indrawing
 - Tachycardia
 - Cyanosis

Management

- Mild to moderate
 - Prednisone 2mg/kg daily maximum 60 mg for 2 days
 - ?steam inhalation – any benefit
 - Patient education

Management

- Severe
 - Follow ABC
 - Call ambulance
 - Prednisone orally as practically as possible
 - Nebulize with adrenaline
 - 1:1000 0.5 ml/kg/dose maximum dose 5 ml
 - Make up at least 4 ml with normal saline

Discussion

Case 7

- 25 yr old woman
- Presented with feeling unwell & funny
- Started to have a fit in front of a triage nurse
- What do you do next?

Exam & investigation

- Move to resuscitation room if available
- Put the patient in recovery position
- Put oxygen mask on and maintain oxygen saturation above 94%
- Check airway & breathing, vital signs
- Try to establish IV line if possible
- Check blood glucose

Management

- IV access available
 - 50 ml of 50 % dextrose if hypoglycaemia present
 - Consider 0.2 mg/kg diazepam at 5 mg/min up to 20 mg/min
- IV access unavailable
 - Glucagon 1 mg IM if hypoglycaemia present
 - IM midazolam 10 mg
 - PR diazepam 0.5 mg/kg

Management

- Children – afebrile seizure
 - ABC
 - Rectal diazepam
 - 0.3 – 0.5 mg/kg/dose (max 10 mg)
 - Buccal midazolam
 - 0 – 16 kg 0.2 – 0.3 mg/kg/dose
 - 16 – 32 kg 5 mg
 - 32 kg + 10 mg

Discussion

Case 8

- 52 old woman
- Presented with tingling sensation in the tongue, some tightness in throat & feeling flushed after accidentally eating seafood in restaurant tonight
- PHx of seafood allergy

History

- As per previous case

Examination

- Look well or unwell
- Vital signs
- Skin
- Throat
- Chest

Management

- Oxygen
- Adrenaline or not
- Give phenergan orally, IV, or IM
- Hydrocortisone IV
- Watch out for rebound
- Clear instruction when discharging

Summary