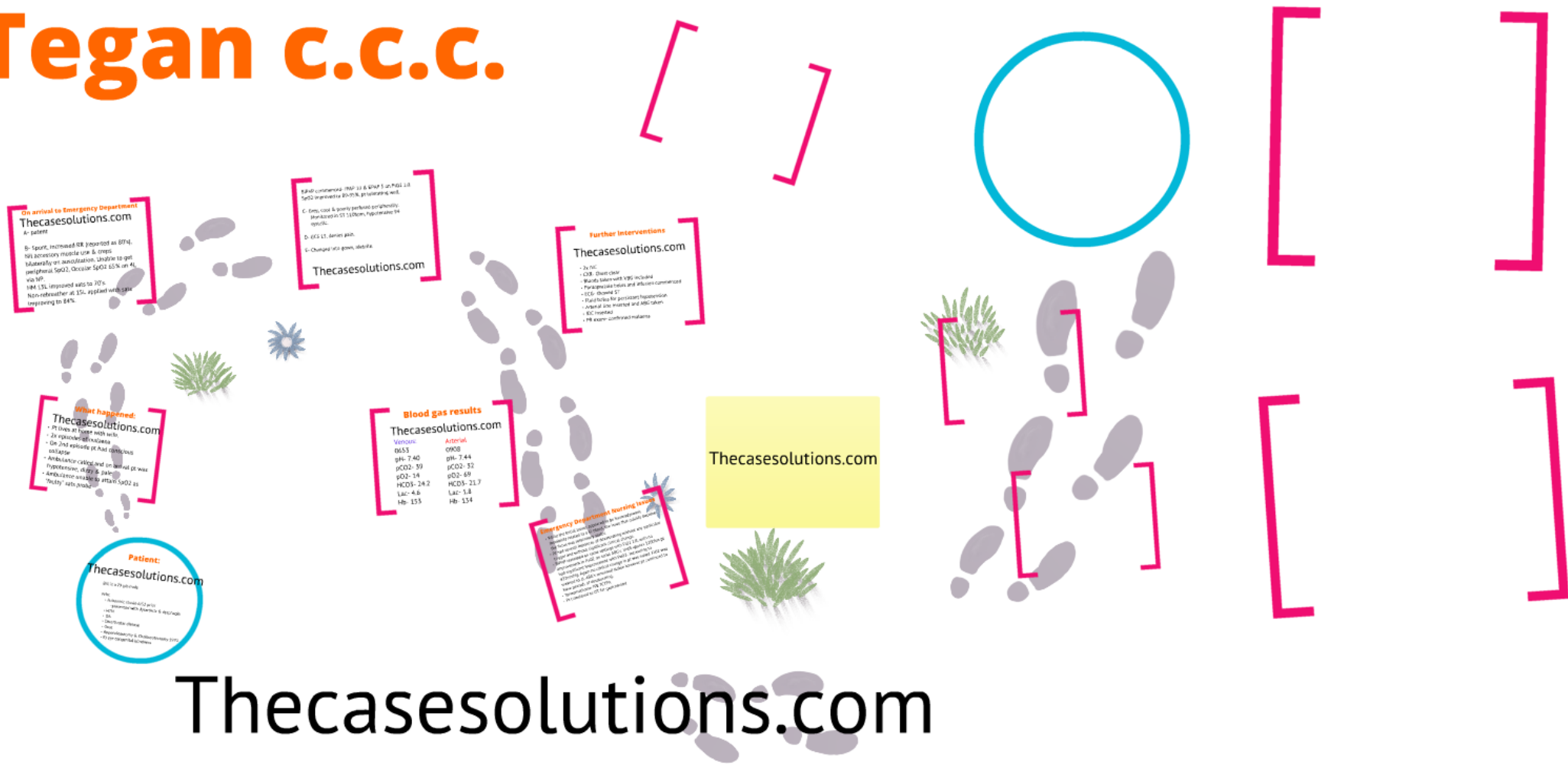
Tegan c.c.c.



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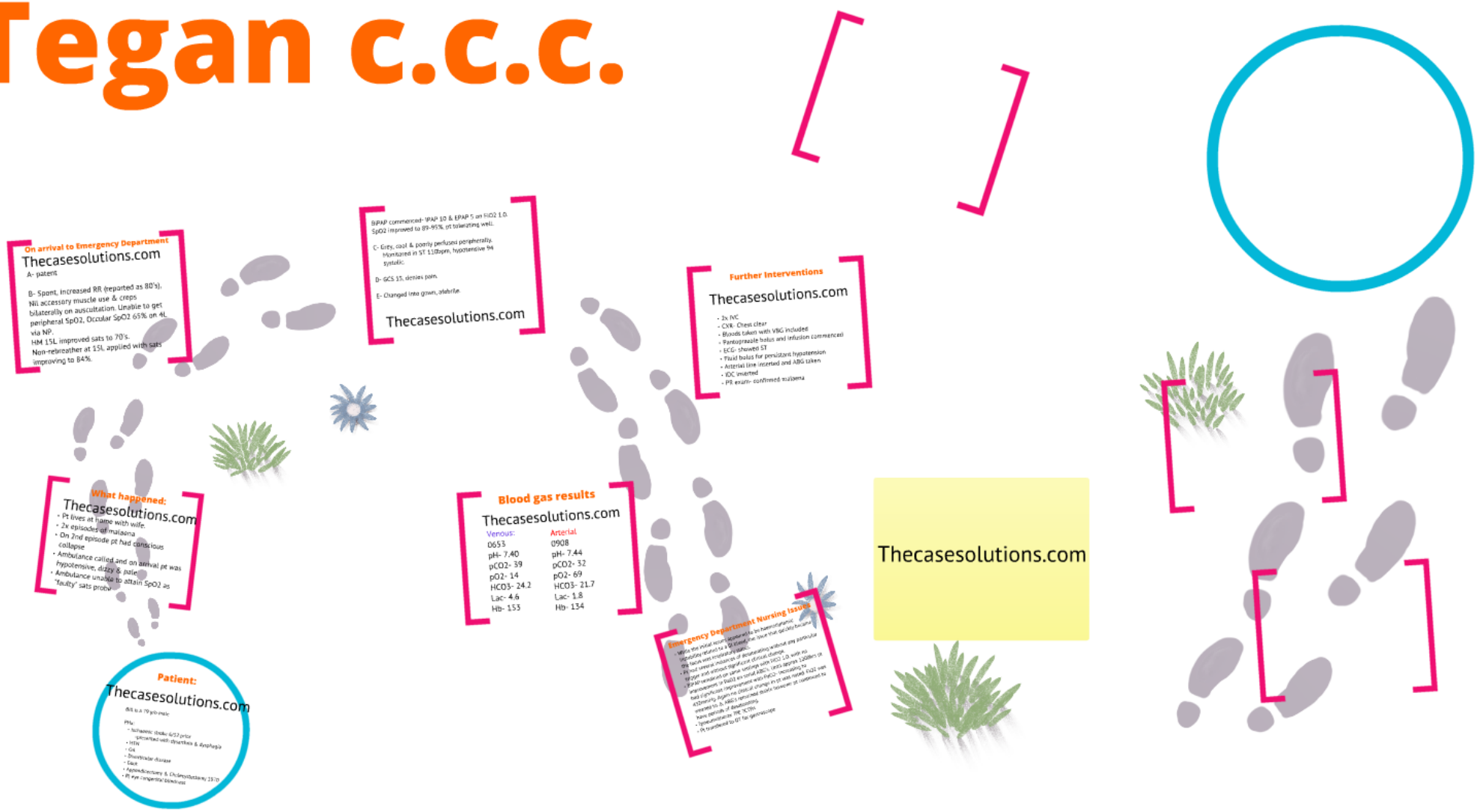
Tegan c.c.c.



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Patient:

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Bill is a 79 y/o male

PHx:

- Ischaemic stroke 6/52 prior
  -presented with dysarthria & dysphagia
- HTN
- OA
- Diverticular disease
- Gout
- Appendicectomy & Cholecystectomy 1970
- R) eye congenital blindness

What happened:

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- Pt lives at home with wife.
- 2x episodes of malaena
- On 2nd episode pt had conscious collapse
- Ambulance called and on arrival pt was hypotensive, dizzy & pale
- Ambulance unable to attain SpO2 as "faulty" sats probe

On arrival to Emergency Department

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A- patent

B- Spont, increased RR (reported as 80's), Nil accessory muscle use & creps bilaterally on auscultation. Unable to get peripheral SpO2, Occular SpO2 65% on 4L via NP.
HM 15L improved sats to 70's.
Non-rebreather at 15L applied with sats improving to 84%.

BiPAP commenced- IPAP 10 & EPAP 5 on FiO2 1.0.
SpO2 improved to 89-95%, pt tolerating well.

C- Grey, cool & poorly perfused peripherally.
Monitored in ST 110bpm, hypotensive 94 systolic.

D- GCS 15, denies pain.

E- Changed into gown, afebrile.

Further Interventions

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- 2x IVC
- CXR- Chest clear
- Bloods taken with VBG included
- Pantoprazole bolus and infusion commenced
- ECG- showed ST
- Fluid bolus for persistant hypotension
- Arterial line inserted and ABG taken
- IDC inserted
- PR exam- confirmed malaena

Blood gas results

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Venous:

0653

pH- 7.40

pCO2- 39

pO2- 14

HCO3- 24.2

Lac- 4.6

Hb- 153

Arterial

0908

pH- 7.44

pCO2- 32

pO2- 69

HCO3- 21.7

Lac- 1.8

Hb- 134