

Tegan c.c.c.

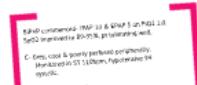


On arrival to Emergency Department
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As patient

- B1: Tense, increased HR reported as 88bpm.
- B2: accessory nodule on ECG, tracing shows ST depression and T-wave flattening.
- B3: SpO₂ 90% on air, oxygen saturation 96% on 4L/min nasal cannula.
- B4: BP 140/80 mmHg.
- B5: 1.5L inspired via 70% Nitro-rebreather at 15L/min, oxygen saturation 94%.
- B6: patient responding to 84%.

What happened:

- Pt lives in house with wife.
- 2x episodes of chest pain.
- On 2nd episode pt had syncope.
- Ambulance called out on behalf of pt was hypertension, which is unknown.
- Ambulance unable to attain SpO₂ as patient had synapse.



- B6: patient responding to 84%.



- C1: Nifedipine 10mg IV bolus.
- C2: Diazepam 10mg IV bolus.
- C3: Morphine 10mg IV bolus.
- C4: Paracetamol 1000mg IV bolus.
- C5: Furosemide 40mg IV bolus for persistent hypertension.
- C6: Arterial line inserted and ABG taken.
- C7: ECG recorded.
- C8: expert confirmed malaria.

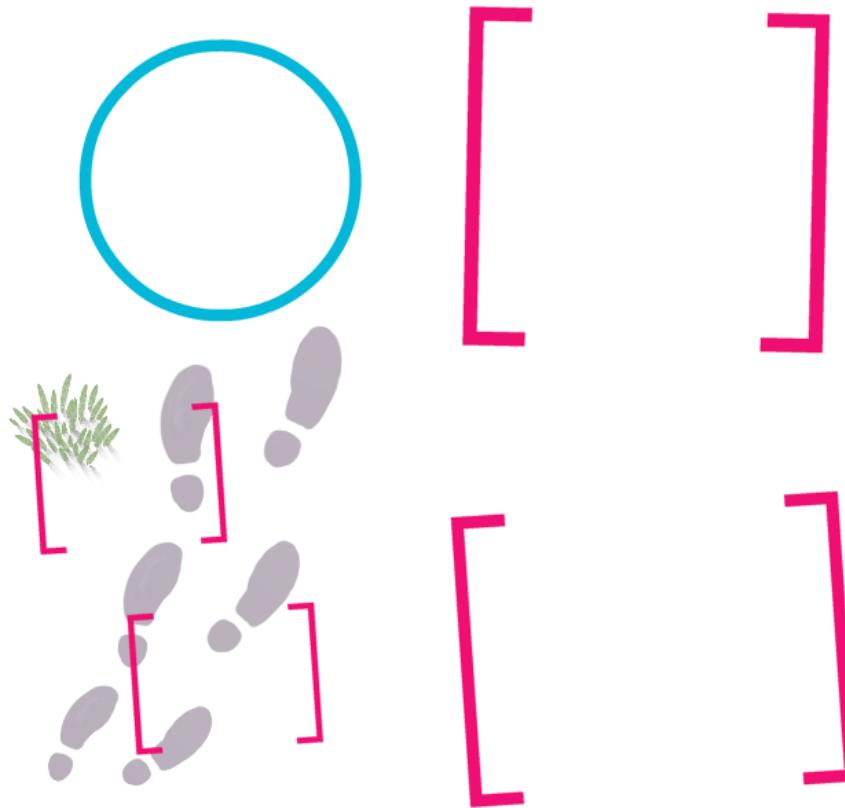


	Atrial	Arterial
pH	7.40	7.44
pCO ₂	59	52
PO ₂	14	17
HCO ₃	24.2	21.7
Lac	4.6	3.8
Hb	155	154

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Normal values for laboratory tests and vital signs are provided for reference. These values may vary depending on the specific test or clinical context. It is important to consult with a healthcare provider for accurate interpretation of these values.



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On arrival to Emergency Department
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A- patient

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

B-PAP commenced- IPAP 10 & EPAP 5 on FiO₂ 1.0.
SpO₂ improved to 89-95% on breathing well.
C- Gcs, cool & poorly perfused peripherally.
Normalised in ST 110bpm, hypotensive 94 systolic.
D- GCS 15, denies pain.
E- Changed into gown, afebrile.

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Further Interventions
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- Dz NC
- CxR: Chest clear
- Bloods taken with VBG included
- Pantozolazide bolus and infusion commenced
- ECG
- Fluid bolus for persistent hypotension
- Atrial line inserted and ABG taken
- IOC invited
- PIC exam- confirmed sepsis

What happened:
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- Pt lives at home with wife.
- 2x episode of mictuna.
- On 2nd episode pt had conscious collapse.
- Ambulance called and on arrival pt was hypotensive, drowsy & pale.
- Ambulance unable to attain SpO₂.
- 'Faulty' sats probe.

Patient:
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Pt is a 79yo male.
PMH:
- Ischaemic stroke 6/02 prior
- Admitted with chestnuts & dysphagia
- G4A
- Diabetic disease
- Dose
- Hypothyroid & Underactive thy 23/0

Blood gas results
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Venous:	Arterial
pH- 7.40	pH- 7.44
pCO ₂ - 39	pCO ₂ - 32
pO ₂ - 14	pO ₂ - 69
HCO ₃ - 24.2	HCO ₃ - 21.7
Lac- 4.6	Lac- 1.8
Hb- 153	Hb- 134

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Emergency Department Nursing Issues
- When the initial team approached to the department, this was interpreted as a stroke. The issue was identified because the patient was intubated and deteriorating without any particular signs. Initial arterial blood gas (ABG) showed a pH of 7.40 with no oxygen saturation. The patient was intubated with a 100% oxygen flow rate. The patient was then given 100% oxygen via a non-rebreather mask with a flow rate of 120bpm. The patient's oxygen saturation was measured at 65% with a pulse oximeter. A 4L's resuscitation mask was then applied to the patient with a flow rate of 100%.
- Hypotension- HR 100bpm.
- Pt transferred to ET for extubation.

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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
- Appendectomy & 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, Ocular 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.

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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