Medical Emergency

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Around 10:45 am at an emergency department. A 60-year-old man was in an unconscious state. No urine output since yesterday evening. Blood sugar CBG low (28mg/dl). Hypoglycemia was corrected with 200ml of 25% dextrose and on IVF / Nor Ad and was intubated. By 12:45 pm medicine opinion was sought.

History of lower abdominal pain for 5 days, vomiting 2 episodes and history of constipation for 2 days. Not a smoker or alcoholic

O/E pallor +, pedal edema +, The monitor showed SVT, BP 60/?

SVT was corrected with amiadarone iv bolus and infusion

The patient was referred to nephrology

His financial status was poor but not willing to take the patient to a government institution.

The case was admitted to the ICU at 4:45 pm

DAY 1 in casualty CBG 21mg/dl corrected with 200ml of 25% dextrose.

BP is not recordable.

Urine output from the catheter 40 ml till 20hrs

SVT was corrected with amiadarone 300mg in 100ml NS and a maintenance dose of 300mg over 5 hrs.

ABG – Metabolic acidosis

AKI – Secondary to renal shutdown

The patient was managed with mechanical ventilation

DIL / Backrest /O2

Nor Ad infusion on flow

Inj. Dopamine 5 mic / Dobutamine 5mic/kg/min iv infusion.

Inj. Lasix 1mg/hr infusion

Inj. NaHCo3 10 amp in 400 ml 1/2NS at 30 ml/hr

Inj. Piptaz 4.5g iv stat f/b 2.25 g iv Q8H

Sugar chart, I/O chart

DAY 2

On mechanical ventilation – ACMV mode, peep 3cm

Fio2 40%, TV 500ml – on sedation and paralysis.

Vitals HR – 110 /min, BP- 90/30mmhg,

SPO2 100%, I/O- 884/1109 ml

Abd- soft, distended.

CNS- E1V1M2 not responding to painful stimuli

DAY 3

The patient was extubated on an emergency basis with hydrocortisone 100mg stat and Neb. Budecort

Vitals: HR 130 bpm, BP 90/60 mmHg,
RR- 24 breaths/ min,
SPO2 100% with 4l of O2

Temp – normal
I/O – 3000/3950

O/E is conscious, oriented, and afebrile.

RS- crackles +

Taper and stop Nor Ad / Lasix 10mg iv Q6H/ Liver supportive.

Advised for referral to a government institution.

DAY 4

Conscious, oriented, afebrile

Cough +

DAY 5

Chest physiotherapy

Investigations:

TLC: 19600

RBC: 3.5 million cells/mm3

Platelet: 4.3 lakhs/mm3

GFR: 33

Urea 103

Creatinine: 1.4

Uric acid: 6.5

Bilirubin: 2.3

Direct: 1.1, Indirect: 1.2

SGOT 335, SGPT 946, ALP 175

Amylase: 92, Lipase 81

Serology -ve

USG abdomen shows mild ascites

18/2/22

HB:8.6

TLC 10000

DLC : N86/ L9/ E2/M2

Platelet:4 lakhs/mm3

Urea 105, Creatinine 2, Uric acid 73

Blood group A + ve

Final diagnosis: Hypotensive shock/ SVT/ Acute Renal Shut down/ Metabolic acidosis/ hepatitis.