Emergencies A Series - 3

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It was 1st January 2018 around 8:30 PM a 45-year-old female was referred to as? AMI? acute pulmonary embolism with 2 ECGS figure 1 & 2.

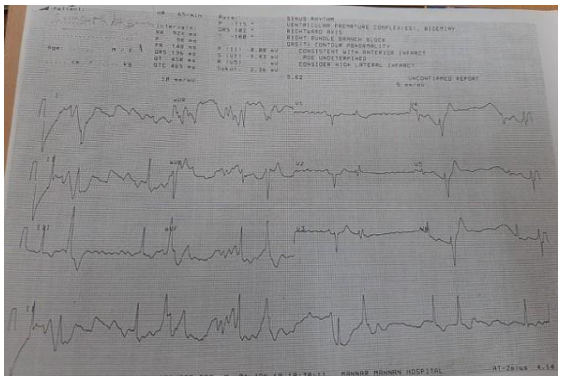

Figure: 1

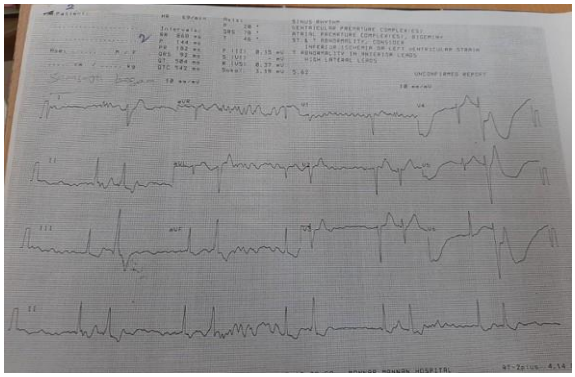

Figure: 2

On arrival, she was restless and complained of chest discomfort and pain in the right inguinal region.

On Examination

Dyspneic Fine crackles in both lungs ECGS from the referring physician is suggestive of nodal bigeminy with brady and flutter.

Because of the fear of impending arrest, she was administered an ampoule of Atropine and a bolus dose of 5000 u of inj Heparin, simultaneously 1000 u per hour of inj Heparin infusion was started. Emergency Management in a case of extreme bradycardia is atropine 1mg bolus and this can be repeated to a maximum of 3mg. (1) Opinions were obtained from cardiology and neurology.

Cardiologist opinion, acute onset of class II dyspnea, ECG flutter with junctional rhythm and left calf muscle tenderness present suggested left lower limb venous doppler. Neurologist opinion, Plantar no response, left calf muscle tenderness plus left lower limb pulsation of posterior tibial and popliteal were absent, suggesting arterial and venous doppler.

Treatment

DIL

Nasal oxygen/backrest Inj Heparin 5000 u IV stat Inj Heparin 1000 u per houracitom 2mg at 6 PM, Inj Pantoprazole 40 mg IV stat Inj Ceftriaxone 1g IV BD, Tab Acitrom 2mg 0010 Orciprenaline 10mg TID Duolin nebu Q4h, Inj Aminophylline 1ml/hour IV infusion.

The patient was admitted to the ICU, ICU Physician's initial opinion was an acute exacerbation of COPD with Clinical findings of diffuse wheeze and scattered crackles. Around 2 AM, the patient was sleeping and symptom-free. Sleeping heart rate was 35/min was comfortable. No lung signs and initial medications were continued in the ICU.

Investigations

HB 13.2, Total count 11600 Differential count N48, L 46, E1, M5, Urea 13, Creatinine 0.9, Sodium Na 136, Potassium K 7.8, Chloride 104,

Lipid Profile, TGL 180, Total Cholesterol 95, HDL 24, LDL 35, VLDL 36

Chest X-Ray

CXR Report-gross cardiomegaly with peripheral opacity – impression cardiogenic pulmonary oedema, suggested echo correlation.

ECHO Report

Severe MS, moderate MR, LVEF 55% moderate TR/PAH

LA Dilated, No LAA clot No Pulmonary Embolism

Lower Limb arterial doppler,venous doppler, no abnormalities

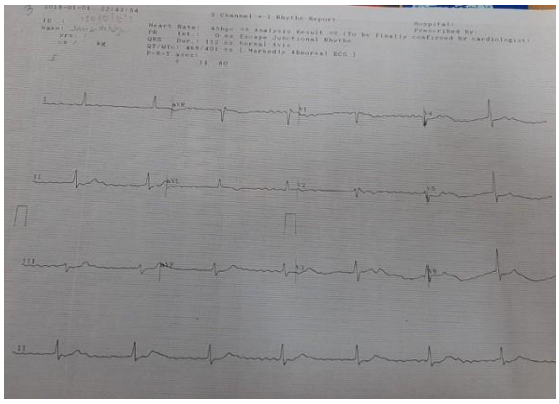

Figure: 3

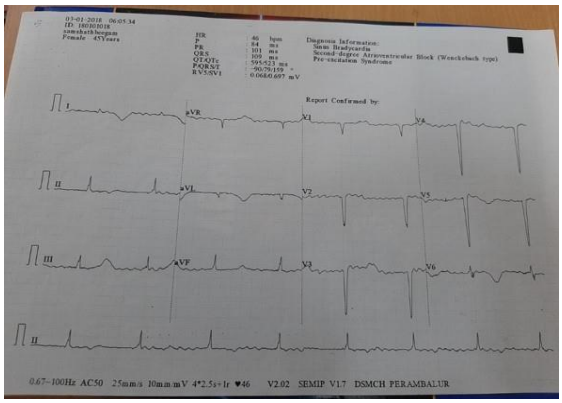

Figure: 4

2010 ECHO report also showed similar findings. She was not on medications for 2 years and subsequently developed these symptoms. She was taken over by the cardiology department on Day 2 and drugs were continued. Tab Dytor 10mg OD was added. She was moving around comfortably in the cardiology ward on days 3 & 4.

ECG fig 3 after Inj atropine ECG fig 4 in the cardiology shows flutter with nodal rhythm. Dept of Cardiology planned for a permanent pacemaker. On a later date, the pacemaker was placed. She was on regular follow-ups with the referring physician for about 2 years. After an hour in ICU, A 65-year male patient with CKD stage 5 was on regular Hemodialysis. He was brought to the ICU by the HD unit staff because of severe breathlessness.

The situation was around 7:30 PM, Apart from the HD staff his wife was the one along with him. The admission chart was put at around 8:30 PM. The patient had gone for brady. His heart rate slowed down to 30 bpm, and the ICU nurse jumped to the cot to initiate chest compression. The attending physician advised an ampoule of Atropine. Heart rate picked up and raised to around 120 bpm after Inj atropine. At this time patient was severely restless and delirious the saline stand in the cot was bent to half he was so much restless.

He was given 0.5mg of IV haloperidol and this made him quiet. He was in acute pulmonary oedema and was managed with infusions of dobutamine and furosemide. His vitals were stable around 8:30 PM. Around 9 PM HD staff's request for HD was allowed and taken for HD. Around 1 AM HD was complete, and the patient was sent home. Came on Dec 31st 2018 and was discharged on 1st Jan 2019.

Reference:

1. Bender R J, Russel S K, Rosenfeld L E, et al, Oxford Handbook of Cardiology chapter, Oxford University Press, Inc. 2011.