

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.

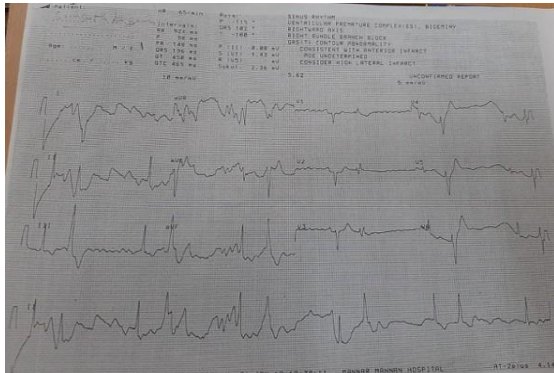


Figure: 1

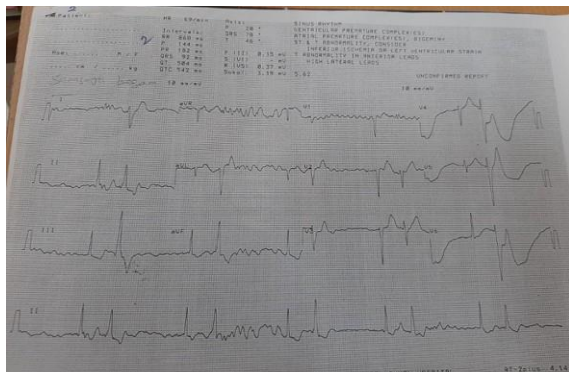


Figure: 2

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 hour acitrom 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

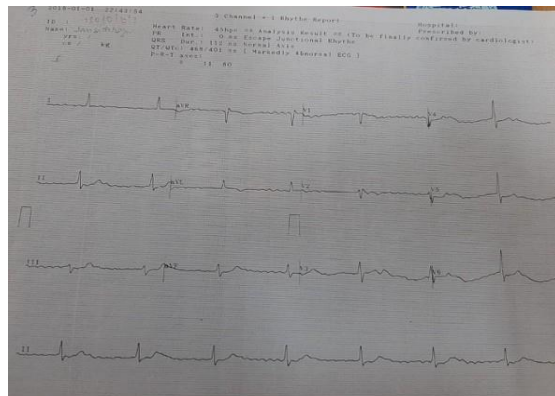


Figure: 3

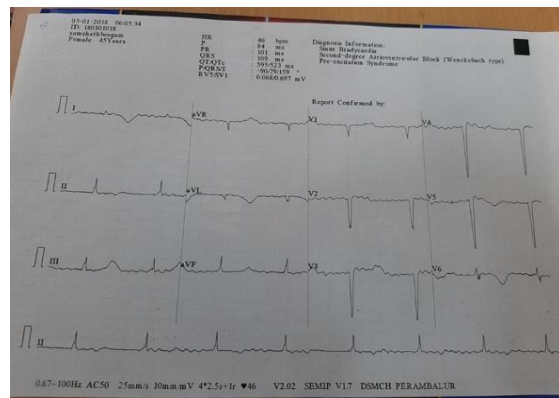


Figure: 4

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.