Case discussion

Dengue Frontier Training

UiTM Selayang Campus

Dr Ong Hang Cheng

23rd Aug 2023

DATE / TIME	HISTORY / EVENT	INVESTIG ATION	MANAGEMENT
5/3/2020 @ 1224H	The patient presented with complaints of persistent vomiting and diarrhoea. At secondary triage - BP : 100 / 69 HR : 109 Temp : 37 .5 DXT : 6.5		The patient was triaged to amber zone
5/3/2020 @ 1225H	 Amber zone: Dr AA & Dr J (EP Oncall) History from patient The patient presented to ED with complaints of giddiness and lethargy. Fever started on Saturday and subsided on Sunday and subsequently no more fever. Diarrhoea and vomiting for the past 5 days. Loose stool more than 10 times/day and subsequently 4-5 times / day. Abdominal discomfort more over epigastric region. Poor oral intake and only able tolerating fluid. Recent traveling to Thailand and came back to Malaysia Saw GP in the afternoon, given 1 pint drip in view of hypotension and referred to hospital 		

HISTORY / EVENT	INVESTIGATION	MANAGEMENT
Physical Examination- Alert, cool peripheries, poor pulse volume. Dehydrated with tongue coated. Tachypneic BP : 85/54 PR : 120 Tempt : 37.5 DXT : 6.5 Lung : equal air entry P/a : Soft, non tender, flabby abdomen No calf tenderness and unilateral body weakness	FBC TWC: 12.23 Hb: 19.0 HCT :59.0 PLT : 32 Combo Test NSI Ag negative IgM / IgG Negative RP/LFT/AST/VBG CXR /ECG Bedside abdomen done at resus (poor window) • Noted minimal	 VM60% Fluid 10 cc/kg (ABW - 100 kg) ~1000cc NS and to reassess back. Start iv noradrenaline 8mg in 50 cc NS and taper accordingly IV Rocephine 2 g stat IV Pantoprazole 40 mg To insert CBD and strict i/o charting Uptriage patient to resus Refer medical
	 bilateral pleural effusion at r4/l4 Echo cardiac good contractility 	 Medical review in resus at 2.15am
Medical review in resus IMP: Septic shock secondary to leptospirosis and TRO acute pancreatitis Compensated metabolic acidosis with high	Investigation to send: Blood C&S Coagulatuion profile GSH urgent Leptospirosis serology Serum amylase	 Repeat VBG post fluid bolus IV rocephine 2 g stat To update medical with investigation.
	Physical Examination- Alert, cool peripheries, poor pulse volume. Dehydrated with tongue coated. Tachypneic BP : 85/54 PR : 120 Tempt : 37.5 DXT : 6.5 Lung : equal air entry P/a : Soft, non tender, flabby abdomen No calf tenderness and unilateral body weakness IMP : SEPTIC SHOCK SECCONDARY TO POSSIBLE LEPTOSPIROSIS. Medical review in resus IMP: Septic shock secondary to leptospirosis and TRO acute pancreatitis Compensated metabolic acidosis with high	Physical Examination- Alert, cool peripheries, poor pulse volume. Dehydrated with tongue coated. TachypneicFBC TWC: 12.23 Hb: 19.0 HCT :59.0BP : 85/54 PR : 120 Tempt : 37.5 DXT : 6.5 Lung : equal air entry P/a : Soft, non tender, flabby abdomen No calf tenderness and unilateral body weaknessPLT : 32 Combo Test NSI Ag negative IgM / IgG Negative RP/LFT/AST/VBG CXR /ECG Bedside abdomen done at resus (poor window) • N o ted minimal bilateral pleural effusion at r4/l4 • Echo cardiac good contractilityMedical review in resus IMP: Septic shock secondary to leptospirosis and TRO acute pancreatitisINP : Septic shock secondary to leptospirosis and TRO acute pancreatitis

History

- Complained of giddiness and lethargy.
- Fever subsided
- Diarrhoea and vomiting for the past 5 days.
- Loose stool > 10 times/day and subsequently 4-5 times / day.
- Epigastrium pain
- Poor oral intake
- Recent travel to Thailand
- Saw GP in the afternoon, given 1 pint drip (hypotension) and referred to hospital

Vitals at TRIAGE:

BP : 100 / 69 HR : 109 Temp : 37 .5 DXT : 6.5

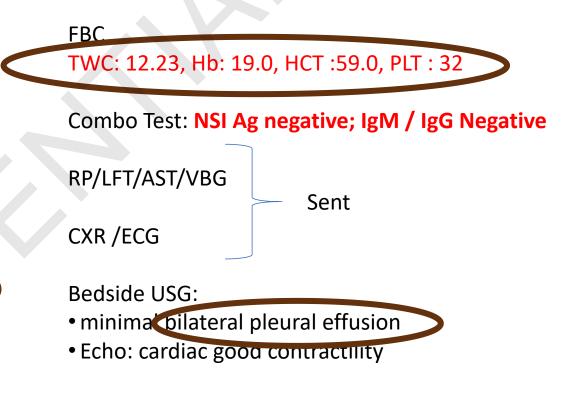
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Physical Examination:

- Alert, cool peripheries, poor pulse volume. Dry coated tongue.
- Tachypneic
- BP : 85/54 PR : 120 Temp : 37.5
- CBS : 6.5



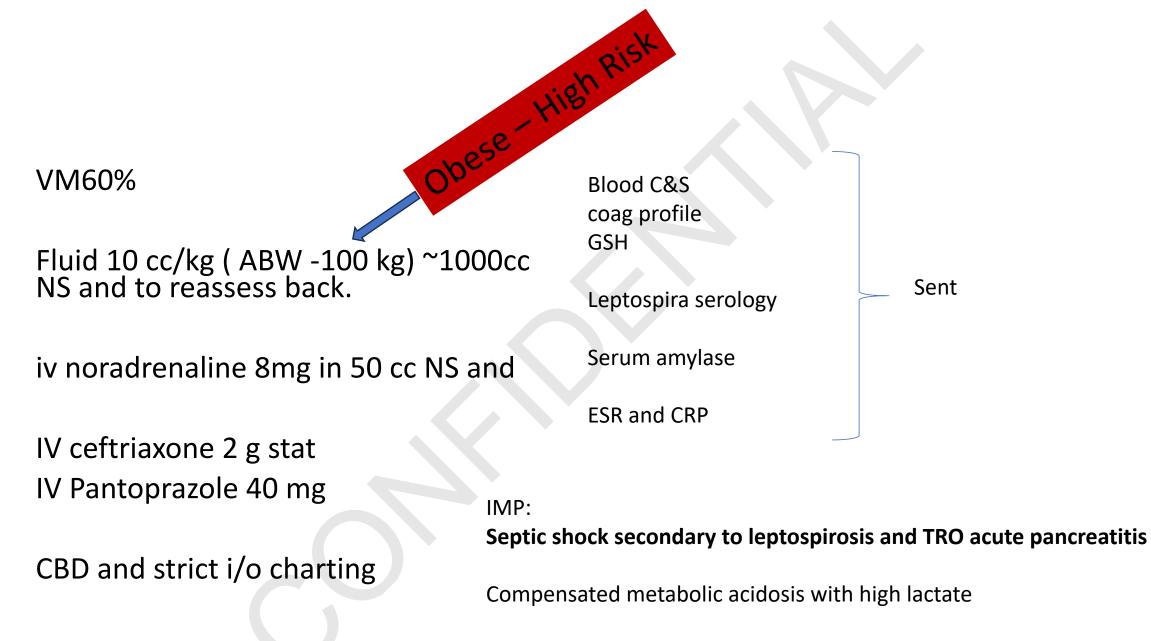
- Lung : clear
- Abd: Soft, non tender



IMP : SEPTIC SHOCK SECCONDARY TO POSSIBLE LEPTOSPIROSIS.

Do you agree?

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Dehydration secondary to GI lossess

Take home message

- RDT: NEG may not be NEG
- Window period



Thank you

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