## Case discussion

#### **Dengue Frontier Training**

UiTM Selayang Campus

Dr Ong Hang Cheng

23<sup>rd</sup> 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	<ul> <li>Amber zone:</li> <li>Dr AA &amp; Dr J (EP Oncall)</li> <li>History from patient</li> <li>The patient presented to ED with complaints of giddiness and lethargy.</li> <li>Fever started on Saturday and subsided on Sunday and subsequently no more fever.</li> <li>Diarrhoea and vomiting for the past 5 days.</li> <li>Loose stool more than 10 times/day and subsequently 4-5 times / day.</li> <li>Abdominal discomfort more over epigastric region.</li> <li>Poor oral intake and only able tolerating fluid.</li> <li>Recent traveling to Thailand and came back to Malaysia</li> <li>Saw GP in the afternoon, given 1 pint drip in view of hypotension and referred to hospital</li> </ul>		

HISTORY / EVENT	INVESTIGATION	MANAGEMENT
Physical Examination- Alert, cool peripheries, poor pulse volume. Dehydrated with tongue coated. Tachypneic <b>BP : 85/54 PR : 120 Tempt : 37.5</b> 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	<ul> <li>VM60%</li> <li>Fluid 10 cc/kg ( ABW - 100 kg) ~1000cc NS and to reassess back.</li> <li>Start iv noradrenaline 8mg in 50 cc NS and taper accordingly</li> <li>IV Rocephine 2 g stat</li> <li>IV Pantoprazole 40 mg</li> <li>To insert CBD and strict i/o charting</li> <li>Uptriage patient to resus</li> <li>Refer medical</li> </ul>
	<ul> <li>bilateral pleural effusion at r4/l4</li> <li>Echo cardiac good contractility</li> </ul>	<ul> <li>Medical review in resus at 2.15am</li> </ul>
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	<ul> <li>Repeat VBG post fluid bolus</li> <li>IV rocephine 2 g stat</li> <li>To update medical with investigation.</li> </ul>
	Physical Examination- Alert, cool peripheries, poor pulse volume. Dehydrated with tongue coated. Tachypneic <b>BP : 85/54 PR : 120 Tempt : 37.5</b> DXT : 6.5 Lung : equal air entry P/a : Soft, non tender, flabby abdomen No calf tenderness and unilateral body weakness IMP : <b>SEPTIC SHOCK SECCONDARY TO</b> <b>POSSIBLE LEPTOSPIROSIS.</b> 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

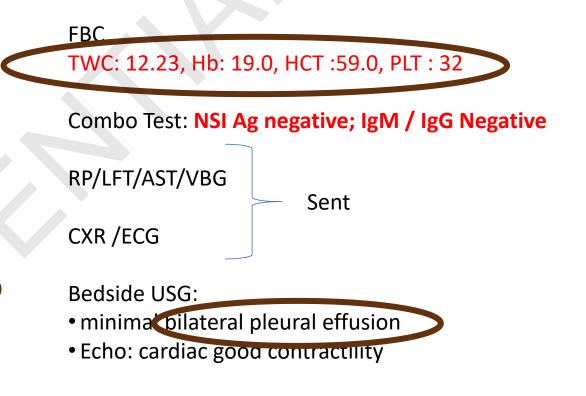
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#### Physical Examination:

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



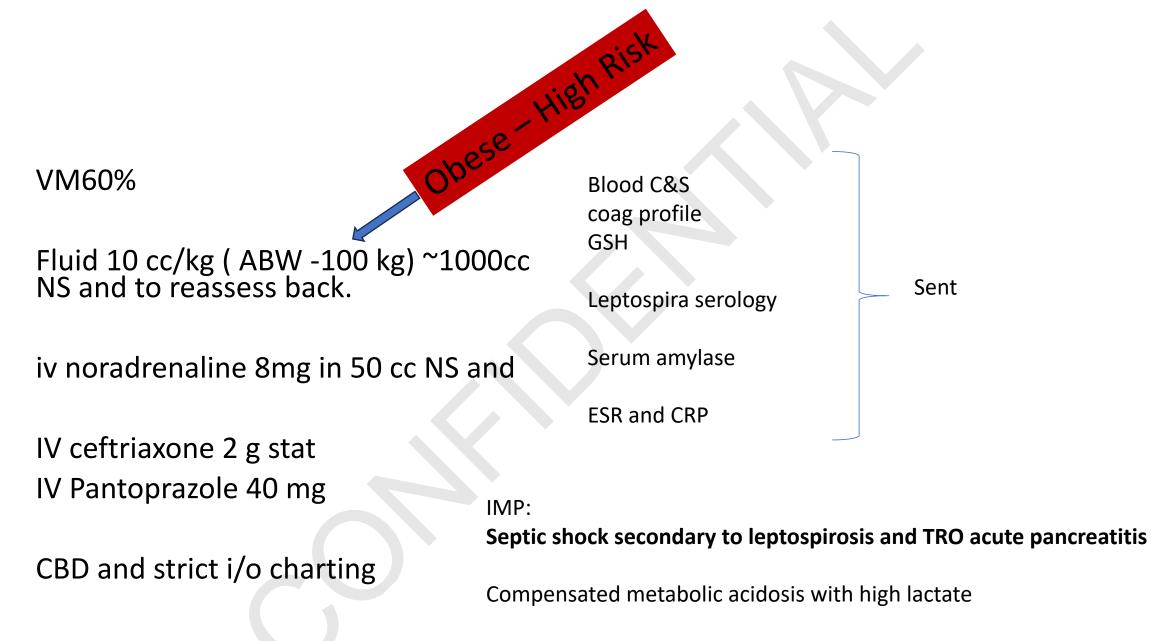
- Lung : clear
- Abd: Soft, non tender



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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