Case discussion

14 year old boy- master G

Admitted to the ward around 10.00 am

History and Examination

- Fever 4 days
- Diarrhoea and vomiting
- Myalgia
- Gum bleeding
- Dizziness

- BP 100/70
- Pulse 80bpm, good volume
- Febrile
- weight 35 kg

Admitted with FBC-(done14 hours) before)WBC 4.5 Platelets 138,000 PCV – 44 Diagnosis of Dengue

management in the ward

- after assessment Full blood count sent
- started on IV fluids 0.9% NaCl
 - 150ml/ hr 1st hr
 - 250ml/ hr for next 4 hrs
 - 500 ml/hr for 1 hr
 - 250 ml/hr for next 4 hrs (total of 2650ml/ 10hrs from 10 am - 8pm)

At 9pm.....

Ultra sound scan

Evidence of leak

WBC 3,300
Platelets 70,000
PCV 44 (on admission at 10 am)

- Timing of critical phase?
- Fluid quota for the critical phase?

conti....

 reason for giving this amount of fluid (IV) had some vomiting /diarrhoea /mild abdominal pain.

What are the problems with this patient's management?

critical phase from ? 10.00am
 (from the time of admission)

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• Fluid quota for 35 kg = 1800 + 1750 = 3550ml (maintenance 10* 100 = 1000 10* 50 = 500 15* 20 = 300 5 \% deficit 35* 50=1750)
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Expected UOP = 20-35 ml / hr

cont.....

- Platelet below 100,000, thought about leaking DHF –USS
- Isotonic solution given
- calculation of fluid quota and timing
- More intra venous fluid during leaking phase given without monitoring
- 2650ml out of 3550 given during 1st 12 hours of CP

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Monitoring Chart II for Management of DHF in Paediatric and Adolescent Patients during Critical Phase Patient to be monitored hourly

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Platelet 140	17 D					-											,,,,						,	

Comment on the fluid management

How do you manage him now?

pitfalls

 GP - ??Diagnosis of Dengue even though confirmatory test not done

- Assessment of dehydration?
- What phase of dengue?
- What about febrile phase monitoring? vitals/ output
- Inward PCV & monitoring before giving boluses
- Amount of bolus for a 35 kg patient?

- 75% of the fluid quota /10 hours
- risk of overload/??early colloid

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Monitoring Chart II for Management of DHF in Paediatric and Adolescent Patients during Critical Phase Patient to be monitored hourly

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Monitoring Chart II for Management of DHF in Paediatric and Adolescent Patients during Critical Phase

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Features of overload while leaking during critical period - on admission to ICU

- Febrile 100 F
- Periorbital oedema+
- Facial puffiness+
- Tachypnoeic
- Pulse 126/min, good volume

- BP 110/70
- RR 46 (SpO2 -95% on oxygen via face mask)
- PCV 44
- Total amount of fluid given for 28 hours = 4510 (127%)

Problems

- Fluid overload around 28-30hrs of the critical phase
- Total fluid quota for the critical phase 3550ml
- Amount of fluid given for 28 hours 4600ml
- How was this child managed at the ICU?

Patient went home

ICU management

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Monitoring Chart II for Management of DHF in Paediatric and Adolescent Patients during Critical Phase

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Management.....

- Oxygen
- IV frusemide
- ¼ hourly monitoring
- Paracetamol sos
- Calcium gluconate
- minimum fluid (when necessary colloid)
- Ranitidine IV
- IV cefuroxime

Patient discharged

management

- ABCS checked no issues
- organ function not altered significantly
- Responded to Frusemide repeated doses IV
- minimum fluid / regular PCV/ monitoring

Investigations.....

	20/07	21/07	22/07	23/07
Platelets	70,000	26,000	15,000	63,000
WBC		3800	6700	7100
PCV	44	46	47	44
AST		131	154	216
ALT		130	100	64
INR		1.2	1	

Take home messages

- importance of monitoring and fluid management when platelet is around 100,000
- Try to avoid (shock) overload
- anticipate fluid overload if more fluid given, early symptoms and signs of fluid overload
- management of fluid overload status of the patient, CP (which part) or re absorptive phase
- look for complications ABCS? organ failure