Case Presentation

At 5pm, EMS brings in a 37 year old woman who was at home with roommates when she went to the bathroom. Friends heard a loud noise and found the patient unresponsive in the bathroom; her roommates called 911. The patient had a faint pulse per EMS, and was brought, boarded and collared with 2 large bore peripheral access to the ED.

Q: What is the next step in management?

Answer: IV - O2 - Monitor

VITAL SIGNS

- heart rate: 142 bpm
- blood pressure: 82/45
- respiratory rate: 14
- O2 saturation: 94%
- temperature: 98.4

Case Presentation (cont’d)

Primary Exam:
- Airway: moaning, not responsive to verbal stimuli
- Breathing: poor spontaneous effort
- Circulation: weak femoral pulses, warm extremities
- Neurologic: GCS 9 (E2/V3/M5). pupils 5mm

Q: What action will you take now?

Answer: Definitive Airway Management
Airway Management

- Supplemental oxygen
- Chin-lift, jaw-thrust
- Suction as needed
- Oral-pharyngeal airway placement
- Endotracheal intubation
- Suction-Oxygen-Airway-Pharmacology
- 6 P’s

Q: How do you confirm placement of the ETT?

Answer: Observe ETT passing vocal cords
Also: ETCO2 monitor, condensation in ETT, CXR

Q: Your patient is successfully intubated. What needs to be performed next?

Answer: Primary Management

Primary Management

- 2 Liters of normal saline or ringer’s lactate
- Foley catheter placement
- Gastric decompression (NG or OG tube)
- ECG
- Labs (CBC, chem profile, UA, T&C, tox, ETOH)
- ABG, cardiac enzyme, pregnancy test prn

Q: Labs are sent. What’s the next step in management?

Answer: Secondary Survey
Case Presentation (cont’d)

Secondary Exam: female of stated age
• HEENT: contusion to chin
• Neck: no JVP noted
• Lungs: clear bilateral
• Cardiac: tachycardic
• Abdomen: peritoneal
• Extremities: warm

Q: The patient’s BP is 70/40 after 2L normal saline. What do you do next?

Answer: Administer 2 units of type specific PRBC

Interpret your patient’s ECG

Q: Interpret your patient’s blood tests

Labs

Na - 132
K - 4.1
Cl -100
Bic - 6
Bun- 14
Cr - 1.1
Glu – 98
Amylase- 43
Lipase - 15

Wbc – 16.5
Hgb – 8.1
Hct - 24
Pit - 278
PT/PTT/INR - normal

UTox- neg
UA- +Heuk, - nitr, +spthi, +RBCs
Urine Hcg +
Beta Hcg- 6000
Blood type A negative

ABG 7.32/41/350/8
What is the next step in management?

Answer: Bedside Ultrasound

Transabdominal US

Q: How do you interpret these US findings?

Answer: Rupture Ectopic Pregnancy

Ectopic Pregnancy - Presentation

- Vaginal bleeding (+/-)
- Abdominal pain
- + Pregnancy test
- *May* have hemodynamic instability

EP - Evaluation

- Bedside FAST to assess presence of intra-abdominal bleeding
- Formal ultrasonography if patient is stable
EP- Treatment

- Hypotension - aggressive hemodynamic resuscitation
- Early goal-directed use of bedside ultrasonography
- Early OB/GYN consultation

Q: What is the next step in management?

Answer: Consult OB-GYN for operative therapy

Objectives

Primary
- Recognition and management of non-trauma hypotensive patient
- Recognition and management of ruptured ectopic pregnancy (EP) causing hemodynamic instability or collapse
- Integration of bedside ultrasonography into an organized medical resuscitation deployment of teamwork behaviors

Secondary
- appropriate airway management
- appropriate circulatory support
- appropriate consultation and disposition

References
