Admission Medical Report

Medical Report

Shadia Osman Abdalgafar Elsaim 21 Oct 2015

Date	21 Oct 2015
Facility	Dar Al Elaj Specialized Hospital, Khartoum
Doctor	Dr. Omer Abbas, Medical Director

Presentation

Patient came to the hospital at 12:05 midday on 29.02.2015 after she was involved in a road traffic accident. She has no history of any chronic illness before the accident.

Diagnosis on Arrival

On arrival she was deeply comatose with multiple injuries in both upper limbs.

Vital Signs on Admission

- GCS: 07/15
- Pulse Rate: 89/min
- Blood Pressure: 129/74 mmHg
- Respiratory Rate: 22/min
- Pupils: Normal
- Random Blood Glucose: 158 mg/dL

Initial CT Brain

- SAH in the right temporal lobe with left subdural trace of fluid hematoma — ?contusion.
- Chest: Right side contusion, equal bilateral air entry with transmitted sound.
- Abdomen: Soft, no organomegaly.
- CNS: No obvious other neurological deficit.

ICU Course & Follow-up CT

- CT brain repeated after 3 days: SAH almost resolved, brain sulci and gyri much relaxed, no signs of increased intracranial pressure.
- Patient discharged from ICU 13.10.2015 to ward in accepted condition for nursing care, GCS 10/15 (E4 V1 M5).
- Orthopedic assessment: Closed fracture lower third of the right radius and ulna.

Neuromedicine Consultation (20/10/2015)

- GCS: 10/15.
- Non-convulsive seizure with tonicity more prominent than clonicity, starting focally at jaw with frothy sputum and post-ictal confusion.
- Hyponatremia suspicious of SIADH.
- Lower limb Doppler screening: Small echogenic thrombus in the right common femoral vein, seen floating and partially occluding the lumen. Other limbs normal.

Treatment Plan

- Phenytoin 750mg loading dose then 100mg 6 hourly.
- Dexamethasone 4mg IM 8 hourly.
- Cardiologist consult — Evaluation of troponin. Diagnosis: NSTEMI.
- Cardiac plan: Aspirin 300mg OD, Plavix 300mg OD, Bisoprolol 2.5mg, Clexane 70mg BD.