

CASE PRESENTATION

PRESENTER

Ms HALIMAH ADAMS

Nurse In-charge

*Accident and Emergency unit / Ebola Treatment
Unit*

Demographics

- Initials : **NZ**
- Age: **45yr**
- Date of admission: **10/10/22**
- Village: **Kasambya**
- Sub county: **Kasambya TC**
- Parish: **Bulonzi**
- District: **Mubende**
- Tribe: **Muganda**
- Next of Kin: **M**

Hx

- **On admission:** Patient reported at emergency ward with fever x 1week associated with generalized weakness, Diarrhoea and vomiting non bloody, no cough, normal micturition
- Has hx of PUD, no Hx of hypertension and diabetes.
- **Past Medical Hx:** has been getting treatment from a health centre in Kasambya which was not responding to treatment.
- **Social Hx:** She is a business lady, close contact with some client who was found EVD +ve.

On examination

- sick looking, febrile on touch
- Vitals:
 - Temp-39.0oC
 - Pulse-72 bpm
 - BP-98/60 mmhg
 - SPO2-86% on Room air

DIAGNOSIS

- Provisional diagnosis :EVD suspect
- Final diagnosis :EVD(Ebola virus disease)

PLAN

- Patient received in EVD suspects ward
- Admitted and samples taken off for EVD PCR
- Other test malaria rapid test.

Day 2 Review

- Pt is still weak, with recurrent bouts of abdominal pain, pricking chest pain and generalized body weakness.
- reports multiple motions of of loose stools and vomiting after most meals, unable to move out of bed O2 dependant.
- **Vitals**
 - Spo2: 70-77% on oxygen nasal prongs, 88-91% Non Rebreather mask,
 - PR:127 bpm,
 - BP-106/61 mmHg
 - Temp 36.8oC

Lab Findings

- malaria RDT: Neg
- EVD PCR test: **Positive**

Management

- Patient isolated in ETU(confirmed ward)
- IV metronidazole 500mg 8hrly x 5/7
- IV ceftriaxone 1g od x 5/7
- IV fluids 2L RL,NS 1.5 FOR 1/7
- IV paracetamol 1g 8hly x 5/7
- O2 therapy 10L/M.
- ORS -300mls/loose stool
- Tbs zinc 20 mg od.

Follow up / Prognosis

Patient is currently still admitted with improvement however still on O2 by NRM
SPo2-94%