ECG FOR DISCUSSION

VI MEDICAL UNIT

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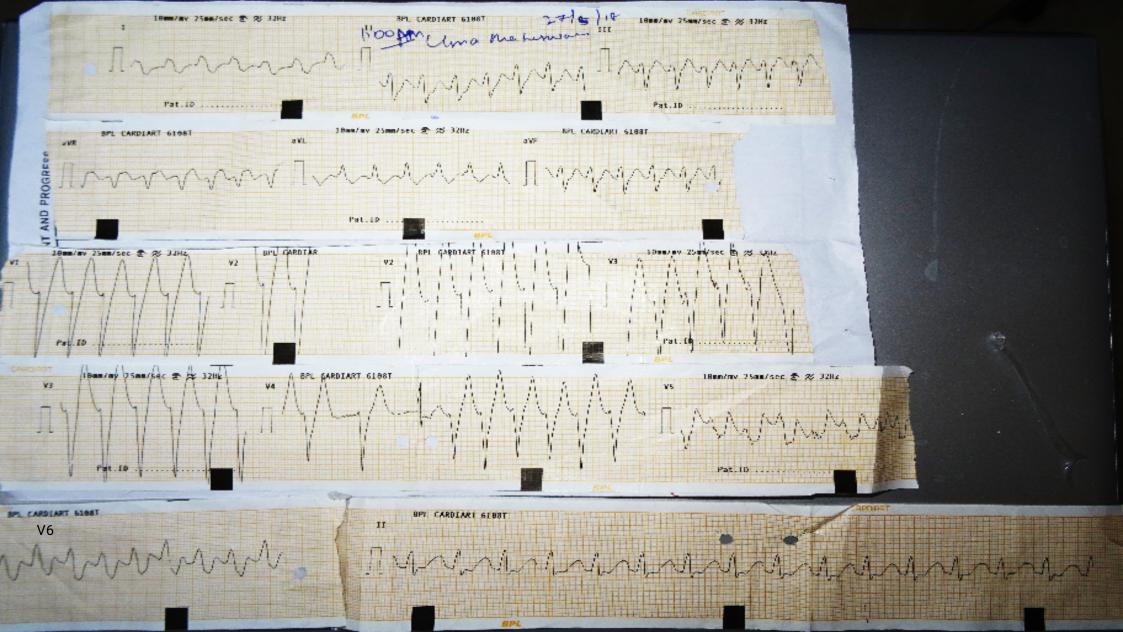
Clinical Details

- A 22 year old female presented to casualty with alleged H/o consumption of cowdung powder poison 5 hrs ago
- M H/o altered sensorium since about 1 hour
- Ø O/e patient is unconscious, minimally responding to painful stimuli, agonal gasps of breathing
- Yellowish discoloration over whole body
- BP 80/? , Pulse rate feebly felt ,carotid more than 180/min, SpO2 not recordable.
- Systemic examination

CVS - Muffled heart sounds,

RS- Gasping, decreased air entry both sides,

CNS – B/l Pupils 2.5 mm RTL, Dem impaired, minimal response to pain, decorticate posturing



Investigations

RFT Urea 31 mg/dl

S.Creat - 1.1 mg/dl

Na – 131meq/L

K - 4.1 meq/L

LFT - T 1.2 mg/dl

 $D - 0.5 \, mg/dl$

SGOT - 45 U/L

SGPT - 36 U/L

Management Course

- Patient was intubated and mechanically ventilated
- In view of unstable arrhythmia, DC shock biphasic 100J was given not reverted to SR-repeat 150J DC shock given not reverted to SR Inj. Amiodarone 150mg iv bolus over 10 mins given 200J DC shock given along with Inj.Amiodarone 1mg/min infusion
- Patient reverted to SR after 2 hours
- Bedside echo revealed no structural heart lesions



Aim Of Presentation

- To discuss the management of unstable tachyarrhythmias
- To discuss about presentation of cowdung poisoning