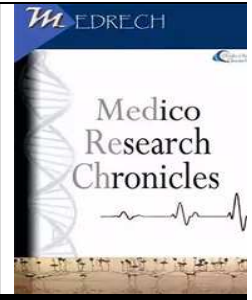




MEDICO RESEARCH CHRONICLES

ISSN NO. 2394-3971

DOI No. 10.26838/MEDRECH.2022.9.6.633

Contents available at www.medrech.com

EARLY RECOGNITION AND TIMELY INTERVENTION SAVED A LIFE-A CASE REPORT.

Dr. Mohammed Shabbir P.

HOD, Department of Emergency Medicine, NMC Royal Hospital, Sharjah, UAE.

ARTICLE INFO

ABSTRACT

CASE REPORT

Article History

Received: October 2022

Accepted: November 2022

Key Words:

Unresponsive, CPR, cardiac arrest, Code Blue, Shockable rhythm, coronary angiography.

Corresponding author

Dr. M. Shabbir P.*

A 56-year-old male patient was brought to our emergency room with the history of unconsciousness after a minor accident in front of our hospital. On arrival patient was unresponsive without pulse-was in cardiac arrest, code blue activated and CPR started immediately, cardiac rhythm showed shockable rhythm Ventricular fibrillation, patient was managed asper ACLS protocols for shockable rhythm-ventricular fibrillation. After 12 minutes of hard work achieved ROSC, airway secured, ECG showed acute anterior wall ST elevation MI, patient shifted to Cath lab immediately coronary angiography showed complete LAD block stunts placed, shifted to ICU extubated on next evening and discharged from hospital with no neurological deficit on 4th day.

2022, www.medrech.com

INTRODUCTION.

This case shows how an early recognition and timely intervention can save life in out of hospital cardiac arrest as well.

This patient who was brought to us with out of hospital cardiac arrest had an immediate and evidence-based intervention which saved his precious life.

CASE REPORT:

A 56-year-old male patient was brought to our emergency room with the history of unconsciousness after a minor accident Infront of our hospital. On arrival patient was unresponsive without pulse-was in cardiac arrest, code blue activated and CPR started immediately.

Cardiac rhythm showed shockable rhythm Ventricular fibrillation on rhythm

check, patient was managed asper ACLS protocols for shockable rhythm-ventricular fibrillation,

He was given 5 shocks with escalating energy, 2 doses of Injection Adrenaline 1 mg each and 2 doses of injection amiodarone 300 mg and repeated with 150 mg in the next turn. After 12 minutes of hard work achieved ROSC, airway secured, ECG done showed acute anterior wall ST elevation MI, Cardiologist alerted, Cath lab activated patient shifted to Cath lab immediately coronary angiography showed complete LAD block stunts placed, shifted to ICU, ventilated for 24 hours extubated on next evening after assessment.

He was conscious and oriented with no neurological deficit.

Discharged from hospital with intact neurological functions on 4th day.

DISCUSSION:

Ventricular fibrillation (V-fib or VF) is an abnormal heart rhythm in which the ventricles of the heart quiver.^[2] It is due to disorganized electrical activity.^[2] Ventricular fibrillation results in cardiac arrest with loss of consciousness and no pulse.^[1] This is followed by sudden cardiac death in the absence of treatment.^[2]

Ventricular fibrillation is initially found in about 10% of people with cardiac arrest.^[1] Ventricular fibrillation can occur due to coronary heart disease, valvular heart disease, cardiomyopathy, Brugada syndrome, long QT syndrome, electric shock, or intracranial hemorrhage.^{[2][1][6]}

Diagnosis is by an electrocardiogram (ECG) showing irregular unformed QRS complexes without any clear P waves.^[1] An important differential diagnosis is torsades de pointes.^[1]

Treatment is with cardiopulmonary resuscitation (CPR) and defibrillation.^[3] Biphasic defibrillation may be better than monophasic.^[3] The medication epinephrine or amiodarone may be given if initial treatments are not effective.^[1] Rates of survival among those who are out of hospital when the arrhythmia is detected is about 17% while in hospital it is about 46%.^[1]

CONCLUSION:

Ventricular fibrillation is the most common initial cardiac rhythm in cardiac arrest patients with second highest chance of survival rate after Ventricular tachycardia without pulse if recognized and treated early.

This patient had that luck of early recognition and appropriate timely treatment which led to his survival without any neurological deficit.

Any Patient with cardiac arrest if recognized early and given appropriate timely

treatment improves chances of patient survival to a greater extent up to 50%.

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