Management & Referral of Acute on chronics

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• Acute
• Chronic
• Acute on Chronic-
  – commonly are medical emergencies
  – Associated with triggering factors
  – Diagnosed or undiagnosed or uncontrolled medical condition
• **CVS** - MI, Cardiac failure, Pulmonary Oedema

*Presentation*
  - Chest pain, Dyspnoea, Orthopnoea, Pink Frothy sputum

• **Resp** - Acute severe Asthma, severe LRTI, Pneumothax, pulmonary embolism, PCP

• *Presentation;*
  - Shortness of breath & Distressed, wheeze, Cyanosis, cough, fever
MI

• “Heart Attack” Impairment of heart function d/t inadequate blood flow to the heart compared to its needs, caused by obstructive changes in the coronary circulation

Obstruction d/t

• 1) Thrombus

• 2) Plaque rupture

• 3) Vessel spasm
• **Symptoms**
  
  – Acute central chest pain not responding to nitrates
  
  – Pain radiating to neck/left arm
  
  – Associated with nausea/sweating/breathlessness/palpitations/collapse
  
  – NB: Silent MI (diabetics & elderly)

• **What can be done?**
  
  – semi-sitting position
  
  – Reassure, immobilize
  
  – Angina medications – nitrates (sublingual tablets/sprays)
  
  – Aspirin, chewable
  
  – Monitor pulse & breathing
  
  – CPR if necessary
Pericardial effusion
Pleural Effusion
ASTHMA

• Disease of airways charac. By increased responsiveness of the tracheobronchial tree to a variety of stimuli
• Clinical Course – Acute exacerbations with remissions / Continuous episode (status asthmaticus)
• Causes – genetic (hereditary) allergic idiopathic
• Triggers Allergens d/t weather & season change, animal fur & dander, smoke, dust
  – Pharmacologic agents - aspirin coloring agents
  – Air pollutants – ozone, nitrogen dioxide, sulfur dioxide
     Occupational asthma Infections – influenza, parainfluenza
     Exercise Emotional upsets
Symptoms

- Shortness of breath
- Cough
- Chest tightness
- Wheezing

Associated symptoms – inability to speak, pale skin, blueness, distress,

- confusion

Ultimately – unconscious & ceases to breathe

- What you should do:
- Move away from triggers
- Take a quick relief asthma medication
• **GIT**- Upper GU bleeding, Severe GE, Acute liver failure,

**Presentation**

- Haematemesis, shock,

• **CNS**- Meningitis, Status Epilepticus, CVA, Cerebral Malaria, Brain abscess, Coma

**Presentation**

- Headache, neck stiffness, seizures, fever, localizing signs, ↓LOC, ↑ICP
CVA

STROKE Rapidly developed clinical signs of focal disturbance of cerebral function lasting more than 24 hrs or leading to death,

• Recovery within 24 hrs – TIA, no residual deficit

Causes – Thrombus/Embolus/Hemorrhage
Symptoms

- Sudden weakness of one side of the body (sign of paralysis)
- Difficulty in speaking/ drooping mouth Dribbling of saliva from one side of mouth
- Blurred vision/ partial loss of sight / flashing lights
- Confusion and disorientation
- Sometimes loss of consciousness

What to do?

- If unconscious then place the person in recovery position
- If conscious, make him lie down with head and shoulders raised
- Monitor Reassure
- Resuscitate if necessary
SEIZURES

• Seizure – paroxysmal event due to abnormal, excessive, hyper synchronous discharges from an aggregate of CNS neurons

• Epilepsy – a condition in which a person has recurrent seizures due to a chronic, underlying process
• **Endocrine** - Diabetes (DKA, ↑/↓ Glycaemia), Thyroid storm
HYPOGLYCEMIA

• Low blood sugar level
• Causes Diabetics on Insulin Starvation
  Excessive alcohol intake
  Less common causes
  – liver failure, sepsis, endocrine tumors
• **Symptoms**
- History of diabetes
- Excess hunger
- Feeling faint or dizzy
- Strange behavior – Confusion, aggression
- Palpitations, tremors
- Pale, cold, sweaty skin
- Loss of consciousness
- Diabetes – medic alert/syringe in bag

• What should be done
  • If conscious, give GLUCOSE orally till person feels better
  • If unconscious, monitor airway and breathing and seek medic help
  • Give IV glucose
• Acute Renal Failure
• Poisoning
• Skin - Burns, Steven Johnson’s Syndrome
Management

• Primary survey

• History- quick
  – Events surrounding the onset of illness, suicide, trauma, infection
  – PMHx- DEATH, COPD, Alcohol, Drug abuse, recent head injury or travel
  – Medication-current
  – Allergies
Management

- Primary survey
- Take Vitals incl glucose, Temp & monitor regularly
- Give Oxygen, iv access, position correctly
- Secondary survey: Head to toe examination
  - JACCOLD
Referrals

• From Community to Health facility (HF) or HF to HF

• Communication is vital
  – Inform receiving health Facility
    • To prepare multidisciplinary team
    • To arrange & prepare for admission or Surgery
    • To ensure Continuum of care

• Stabilise & transport

• Proper documentation
THANK YOU