

Clinical Scenarios

Surgery

- KM 45-year-old female
- Admitted for gynae surgery pre op Hb 136g/L MCV 85
- Had Total abdominal hysterectomy and bilateral salpingoophrectomy, cystoscopy and bilateral uretic stents
- Found massive fibroid uterus – bleeding encountered as stuck to side of vessels- estimated blood loss 1700mL.
- BP 80/40mmHg
- Pulse rate 90

What would be your actions?

Acute Medicine

- EA 77 year old lady attending ED directly from home.

Presentation:

- shortness of breath, leg swelling and poor mobility. No cough or fever.

Past medical history:

- CVA 2016,
- Early Stage dementia,
- Diet controlled diabetic,
- Chronic Kidney Disease

Medications:

- Bisoprolol, Diazepam, Lactulose, Thiamine, Doxazosin, Atorvastatin, Aspirin, Allergy to penicillin
- Has a DNRCPR – signed and dated. Daughter has lasting power of attorney for health and wellbeing
- On examination she has raised JVP,
- Chest Xray shows congestion and bilateral effusions

Venous blood gas

- pH 7.4, PCO₂ 4.86, PO₂ 3.09, HCO₃ 22.4, BE -2.02, Na 135, K 4.03, Ca²⁺ 1.1, Hct 0.27, Glu 7.5, Lac 1.7, tHb 91.6g/L

Formal Lab results

- Hb 90g/L
- WCC 11.9
- MVC 76
- CRP 80
- Creatine 171
- eGFR 24

What would you do??

ED admission

- AM 29 year old male. Admitted with Abdo pain, feeling weak and chest pain.
- On examination appears pale, looks unwell but talking in full sentences
- Feeling unwell for 2-3 weeks- initially noted breathlessness, walking in town and felt lightheaded, continued as he thought he was unfit, then collapsed.
- Denies illicit drugs, sexual activity, no travel, no bleeding.
- No Fever, but bilateral oedema and abdominal distention. Sinus tachy at 115 B/P 147/60, Resp rate 14. SaO₂ 100% on room air.

ED admission

- No grossly enlarged cervical, axillae or groin lymphadenopathy but splenomegaly noted
- Allergy to latex and wool.
- Formal Hb 21g/L

What would you do?

Oncology

- SW presented via referral from oncology nurse with two falls
- 1 fall with head injury, on aspirin
- Hb = 64g/L, platelet count 58, neutrophils 0.4. No pyrexia

What would you do?

Clinical Scenarios

Paediatric

Baby

- Two hours after commencing transfusion for a baby it was noted that 2mL had been administered via the pump instead of the expected 14mL.
- The pump was replaced and the transfusion was recommenced
- The transfusion finally finished after a total of 6.25 hours

What would you do?
What went wrong and why?

6 week old preterm infant

- Clinically stable non-ventilated 6 week old preterm infant, born at 26 week gestation, was given red cell transfusion for symptomatic anaemia of prematurity (Hb 93g/L)
- No adverse events during transfusion, post Hb was 167g/L
- 4.5 hours post transfusion baby developed tachycardia and over the next 12 hours deteriorated and developed a distended abdomen.
- X ray consistent with NEC, baby continued to deteriorate and died approximately 36 hours post transfusion

What would you do?

What went wrong and why?