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A Case Study Of MCH Thiuvananthapuram

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Present illness

- Braethlessness
- Severe Sweating
- Chest discomfort

Previous illness

- Pedal oedema
- Orthopnea
- CAD
- LRTI

Family history

- No relevant family history

Physical examination

- Patient was conscious and oriented
- Vital signs show

BP:100/60 mmHg
PR:80bpm
C.V.S: S1 S2 (+)

E.C.G

- Beep at ST in V2 and V3

LAB INVESTIGATIONS

Blood test	**Values**	**Reference**	**Inference**
Hb	!6.1g/dl	13.68-17.2g/dl	Normal
Total WBC	8900cmm	4000-11000 WBC/cmm	Normal
Poly	44.3%	40-75%	Normal
Lymph	50.6%	20-40%	Increased
Eos	4.1%	1-6%	Normal
Platelet Count	2.12L	1.50-4.50L	Normal
P.C.V	48.8%	36-48%	Normal
M.C.V	83fL	80-100fL	Normal
M.C.H	27.5pg	27-33pg	Normal
M.C.H.C	33.1g/dL	32-36g/dL	Normal

Result of pathological examination	**Value**	**Reference**	**Inference**
Calcium	9mg/dl	8.5-10.5mg/dL	Normal
Phosphorus	3.8mg/dl	2.5-4.5mg/dL	Normal
Uric acid	9.9mg/dl	2.4-6.0mg/dl	Increased
urea	6.3mg/dl	6-20mg/dl	Normal
Creatinin	1.35mg/dl	0.6-1.1mg/dl	Increased
Sodium	131mmol/l	135-145mmol/l	Decreased
Potassium	4.1mmol/l	3.5-5.0mmol/l	Normal
SGOT	7.7u/l	9-32u/l	Decreased
SGPT	10.9u/l	7-45u/l	Normal
Alkaline Phosphatase	157u/l	44-147u/l	Increased
Albumine	1.70g/dl	3.5-5.0g/dl	Decreased

Day-1

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PROGRESS :	DOCTOR'S ORDER
• BP-100/60 • PR -100 • SPO2-97 • CVS-S1S2 • RP-BAE • PR-100 • SPO2-96%	1)Ecospirin 75 0-1-0 2)T.Atorva 20 mg 0-0-1 3)T.Clopilet 75mg 1-0-0 4)T.Aldactone 25mg 0-1-0 5) T.Dopa 10mg 0-1-0 6)T.Cardivas 7)T.Ramipril 2.5mg 0-0-1 8) Inj.Lasix 20mg 9) Neb. Duolin and Budecort 10) Inj .Hydrocort 11) Inj. Heparin

Day-2

PROGRESS :	**DOCTOR'S ORDER**
• Patient conscious and oriented • BP -100/66 • SPO2-96 • Chest clear • No Pedal Oedema	Repeat : 1,2,3,4,5,7,8,9,11

Day-3

PROGRESS :	**DOCTOR'S ORDER**
• Patient Conscious and oriented • PR-81 • SPO2-96 • BP-100/60	Repeat: 1,2,3,4,5,7,8,9

Day-4

PROGRESS :	**DOCTOR'S ORDER**
• BP-110/10 • PR-72 • SPO2-98%	Repeat : 1,2,3,4,5,7,8,9

Day-5

PROGRESS :	**DOCTOR'S ORDER**
• Patient conscious and oriented • D5 Heparin • BP-110/60 • PR-75 • SPO2-98% • Nil Complaint • No pedal oedema • History of Orthopnoea	1) T.Ecospirin 75 mg 0-1-0 2)T.Atorva 20 mg 0-0-1 3) T.Clopilet 75mg 1-0-0 4)T.Aldactone 25mg 0-1-0 5)T.Dapa 10mg 0-1-0 6)T.Ramipril 2.5mg 0-0-1 7)T.Lasix 20mg iv 8)Neb with Duolin /Prednisone 9)Inj.Heparin 5000iu 10) T.Metolar 12.5 1-0-0

Day-6

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PROGRESS	DOCTOR'S ORDER
• Patient is Conscious and oriented • PR-78 • SPO2-100% • BP-110/70	Repeat:1,2,3,4,5,6,7,8,10

Discharge medications

- T.Ecospirin 75mg .0-1-0
- T.Clopilet 75mg 1-0-0
- T.Atorva 40mg,0-0-1
- T.Aldactone 25mg, 0-1-0
- T.Lasix 20mg ,1-1-0
- T.Dopa 10mg,0-1-0
- T.Ramipril 2.5mg ,0-0-1
- R/A,1 week in C2 OPD with CBC/RET/Na/K/FBS

Final Diagnosis

Acute Decompensated Heart Failure –Left Ventricular Dysfunction

SOAP ANALYSIS

Subjective evidence:

A 60 year old male came in the causality department of MCH,Thiruvanathapuram due to complaints of breathlessness ,severe sweating

Previous history

- Pedal edema
- Orthopnea

Objective evidence:

Clinical examination shows:

- Breathlessness, Orthopnea
- Bp:100/60mmHg
- Pulse rate :80 bpm
- E.C.G Shows Beep at ST in V2and V3
- C.V.S –S1 S2 (+)

Assessment

On examination patient shows

- ST elevation inV2 and V3-This can indicate an acute myocardial infraction (Heart attack)
- Particularly an anterior STEMI

From subjective and objective data it was found that the patient have Acute Decompensated Heart Failure

Sl No	Name of Drug	Dose	Dosage	Indication	Side effects	Drug Interaction
Day-1	T. Aspirin	75mg	0-1-0	Prevent blood clot from forming by preventing platelet aggregation	Stomach irritation or pain, Heart burn	• Clopidogrel –Synergism • Ramipril-Renal dysfunction
	T.Atorvastatin	20mg	0-0-1	Lower cholesterol and reduce risk of heart attack	Muscle pain, Joint Pain	• Hydrocortisone-Affect hepatic metabolism
	T.Clopidogrel	75mg	1-0-0	Prevent blood clot formation	Bleeding,Bruising	Aspirin
	T.Spiranolactone	25mg	0-1-0	Protect from fluid build up	Hyperkalemia,Hypotension	Ramipril-Hyperkalemia
	T.Dapagliflozin	10mg	0-1-0	Inducing fluid loss from intravascular	Genital infection,Polyurea,	No drug interaction

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				compartment		
	T.Carvidilol	3.125 mg	0-0-1	Maintain Bp	Weight gain, SOB	• Aspirin-Antagonism • Spiranolactone-Hyper kalemia • Furosemide
	T.Ramipril	2.5mg	0-0-1	Prevent Hypertension	Angioedema,Hyper kalemia,Dry cough	No drug interaction
	Inj.furocimide	20mg	OD	Treat fluid retention and swelling	Hypotention,Ototoxicity,Dehydration, Electrolyte disturbance	• Spiranolactone • Ramipril • Carvidilol
	Neb.Duolin and budecort	Duolin -2.5ml	TID	Bronchodilator	Severe allergic reaction, chest pain	No drug interaction
		Budecort - 0.5mg	BD	Reduce lung inflammation	Adrenal suppression , Osteoporosis, Oral thrush	No drug intaraction
	Inj.Hydrocort	100mg	QID	To treat anaphylatic reactions	Weakend immune system,Osteoporosis ,Adrenal suppression	• Aspirin • Clopidogrel

Comments On Therapy

- Need monitor for electrolyte depletion ,renal function and urinout put while using inl.Lasix
- Aldactone 25 mg have risk of hyperkalemia easpecially with Ramipril, it is more useful after congestion is controlled
- If ADHF with hypotension or worsening renal function ,ACE inhibitors should be held until stable (e.g:Ramipril 2.5mg)
- Consider restarting the beta blocker once the patient is stable
- Tablet Aspirin and Clopidogrel leads to risk of bleeding
- Doesnot give medication for increased level of creatinine and uric acid
- Use low doses aspirin with clopidogrel

Patient counselling

- Take medication as prescribed- Do not skip the doses
- Take diuretics in the morning to avoid nocturnal urination
- Monitor BP swelling or Fatigue
- Avoid NSAIDs
- Limit Salt intake
- Notify doctor if weight >2 kg in 3 days
- Exercise regularly