



Case 1

A 50 year old man is brought to the ED complaining of dizziness and abdominal pain. He has been previously self-caring. He has a history of hypertension and high cholesterol (for which he is on medications that have not been brought to ED). He admits to a moderate ethanol intake but denies any other ingestion.

En route he is noted to be pale and sweaty and looks unwell. His observations are:

HR 120

BP 75/55

RR 26

O₂ sats 100% on High flow O₂

Afebrile

An ECG performed by the transporting MICA crew was thought to be unremarkable.

1. Outline your initial approach to this patient
2. What are the potential causes of his shock?

During your assessment he vomits 500mls of frank blood onto your shoes.

3. How do you assess the degree of hypo-volaemia in this patient?
4. What other management does this patient require?

Case 2

A 75 year old man is brought to the ED with severe abdominal pain radiating through to the back. He is in distress, and has a tense abdomen.

His observations are:

HR 120

BP 75/55

RR 26

O2 sats 100% on High flow O2

Afebrile

A bedside USS confirms the presence of an 8cm AAA with a small amount of free fluid.

5. Describe how your resuscitation may (or may not) differ between case 1 and Case 2