

PCM Hospital

ESSAY TOPIC: Patient who should have died but lived

A patient about 35 years old was brought to the Princess Christian Maternity Hospital (P.C.M.H) on 4th June 2008 with a history of being in labour for four days and on the 4th day, she started bleeding.

The Princess Christian Maternity Hospital (P.C.M.H) is the main referral hospital for all Gynaecological and Obstetric cases. It has about 200-bed capacity, located at the East end of Freetown at the Fouraybay Road.

The patient was immediately referred to the team on call on arrival at the labour ward by the nurses. On examination, it was found that the patient was a multi-gravida of 4 and para 2 alive and 1 dead. She is very pale, weak and a bit restless. She is still 3-4cm dilation and Foetal hearts heard (twin pregnancy). The Surgeon immediately ordered an urgent Haemoglobin to be done which was 3.0g/dl,. The blood pressure was 70/30 mmHg.

The husband was asked to make arrangement for at least 5 units of blood to be ready for his wife for the surgery to commence

On arrival of the anaesthetist at the ward, only one unit was available. The anaesthetist suggested that with that Hb of 3 and Blood pressure of 70/30 mmHg more blood be made available. Meanwhile two intravenous lines were made and the anaesthetist asked haemacel be provided. The husband later came back with the Prescription without the haemacel as he could not afford to buy it.

An emergency consultation was made between the anaesthetists and the surgeon for a possible intervention, so that both lives of the babies and the mother to be saved. The anaesthetists agreed for the surgical intervention to be done but on the condition that one more unit of blood be made available, as the patient continues to bleed. The Surgeon had to personally go to the Blood bank and even gave them money for the second unit.

The second unit was later brought to the theatre and after signing the consent form, the surgery commenced. The anaesthetists gave general anaesthesia of light Ketamine after they had given Atropine of 1mg intravenously. The Oxygen concentrator was put on with a face mask at five litres per min.

The babies were removed safely and with some resuscitation cried. Both had caputs. Monitorings were done by the anaesthetists throughout the surgery. By the end of the surgery, the mother's blood pressure was 90/60 mmHg and was taken to the ward in a semi-conscious manner with an infusion of Normal Saline containing Oxytocin of 20 units.

The mother was later given other units of blood in the ward posts-operatively. After two weeks of hospitalisation, she was discharged home with her twins happily.

The lessons learnt from this case are:-

1. It is good to work as a team.
2. It is sometimes good (necessary) to take risks
3. The blood bank should be given more support to blood available at all times
4. That emergency drugs including intravenous fluids should always be available at the hospital even on emergencies.