

KAMINENI INSTITUTE OF MEDICAL SCIENCES
Sreepuram, Narketpally, Nalgonda (Dist.) 508 254

MINUTES OF MORTALITY MEET HELD ON 29-05-2014 AT 2.00P.M.

Chairperson : Dr. (Col.) Mathi Edwin Luther Professor & HOD of Orthopaedics

Total No. Present : (40 Faculty & P.G's)

TWO CASES WERE DISCUSSED

CASE NO.1 PRESENTED BY DEPARTMENT OF PULMONARY MEDICINE :

A Case of Viral Pneumonia with superadded bacterial infection with ARDS & I H D .

A 40 Years Old male, an old case of Pulmonary TB treated 14 years ago presented with acute onset of symptoms & rapidly deteriorated after admission. Patient was put on ventilatory support with correction of respiratory alkalosis, but could not be saved due to IHD .

Comment by Prof. Dr. K. VENU :-

A Case of Viral pneumonia (as pt. Did not respond to antibiotics , superadded lung infection as evidenced by increase in blood counts. Developed features of IHD as evidenced by ECG Changes.

Q1. By Chairperson Dr. Luther :- Were the indications for ventilator support correct.?

A1. By . Dr. VenuGopal Reddy :- Yes, Indications were there to support the respiratory system by mechanical ventilation.

Q2. By ChairPerson Dr. Luther :- Were cardiac enzymes estimated to confirm IHD .

A2. By . Pulmonology Resident :- No

Q3. By Dr. Venu :- Are we able to confirm Viral infection in our set up.

A3. By . Asst. Prof. MicroBiology Dept :- Some basic tests for viral infection are only possible at KIMS .

Q4. By ChairPerson Dr. Luther :- Could it be relapse of old Pulm. Kochs.

A4. By . Dr. Venu :- Very unlikely as the clinical coverage is very stormy.

As no further questions / Comments were there the case was stopped.

Contd..2

CASE NO. 2 PRESENTED BY DEPARTMENT GENERAL SURGERY :

1. CASE (A) : A Case of 75 Years old lady admitted with a diagnosis of Peptic Perforation of two days duration. Taken for emergency Laparotomy. Patient had features of Right sided old healed pulm. Koch's , prior to surgery. Patient had a stormy post op period. Developed pneumothorax (Treated by Aspiration) as ICD was not available in the hospital.

Q1. By Prof. Dr.Srinivas Behara :- If patient could have been taken up under epidural / or C E S A instead of G A .

A1. By Dr. Gopal Reddy :- G A was the correct choice of Anaesthesia.

Q2. By Prof. Dr.Gopal Reddy :- Fluid resuscitation was incorrect & inadequate.

A2. By . Surgery Resident :- Patient was als a case of CKD, hence fluids had to be restricted.

Q3. By ChairPerson Dr. Luther :- PneumoThorax in the post OP was it due to C V P line complication OR basic lung pathology. .

A3. By . Dr. Venu :- It appears patient had features of Cor pulmonale prior to surgery & it could be possibly spontaneous pneumothorax.

Q4. By ChairPerson Dr. Luther :- If I C D not readily available ; It could have been improvised.

A4 By Resident Pulmonary :- yes, it could have been done to tide over the crisis .

Q5. By Dr. Venu :- Were bronchodilators given to case to improve his pulmonary condition.

A5. By . By Resident Pulmonary :- No, yes bronchodilatos should have been used.

Comment by Anaesthesia P.G :- E T T was blocked & had to be changed prematurely. The Emergency staff should be were vigilant and do the suction regularly.

As no further questions / Comments were there the session was called off.

Dr. M.E LUTHER
Prof.&HOD Of Orthopaedics