

SCENARIO ENGLISH

A 2 months old male infant with 4 days history of vomiting and diarrhea was brought to the emergency department by his mother. Doctor has examined, and found that the infant did not recognize his parents, extremely lethargic, responded to pain only, with a minimal grimace

Airway : breath sounds was normal

Breathing : breathed regular at 45 breaths per minute, unlabored

Circulation: pulses proximal was poor with pulses distal was absent, and the extremities was cool. Feeling from the 5th toe upwards, the legs was cool up to the knee. Capillary refill was 8 seconds, and heart rate was 209 beats per minute, and blood pressure was 70 mmHg systolic

You were unable to start intravenous line, 100% oxygen was started. The mucous membrane of the mouth was pink. An intraosseus (IO) catheter was placed in the left tibia and 20cc/kg of normal saline then infused as rapidly as possible. The infant was then re-assessed. Airway and breathing remain stable. The heart rate was 195. A repeat bolus of 20 cc/kg saline was given, the patient becomes more alert, distal pulses return, and the patient improves throughout resuscitation.

The heart rate has come down to 160. However, a rapid bedside glucose analysis reveals a blood sugar of only 32, which was quickly treated. This case represents a patient in compensated hypovolemic shock (hypoglycemia) secondary to vomiting and diarrhea