

AB095. SOH22ABS044. The argument for advanced emergency training among non-emergency staff

Patrick Walsh¹, Conor McGarrigle², Jenny FitzGibbon², Wei Lan³

¹School of Medicine, Brookfield Health Sciences Complex, University College Cork, Cork, Ireland; ²Department of Anaesthesia, Cork University Hospital, Cork, Ireland; ³Department of Pain Medicine, South Infirmary Victoria University Hospital, Cork, Ireland

Background: We report the case of a 66-year-old lady who presented as a planned, elective case for a subacromial corticosteroid injection due to chronic shoulder pain. She had multiple comorbidities, including a previous haemorrhagic stroke secondary to an arteriovenous malformation (AVM).

Methods: In spite of her complex history, she had no vital signs taken before the procedure, and was unmonitored. After cleaning and draping, prior to the administration of the steroid injection, a severe headache was reported by the patient. Consciousness was quickly lost, and her Glasgow Coma Scale (GCS) dropped to 8. Monitoring was applied, and she remained haemodynamically stable. It was suspected very early that she had an acute cerebrovascular event, which allowed for a prompt intubation and initiation of neuroprotective measures. Urgent CT confirmed a Fisher grade 4 subarachnoid haemorrhage (SAH).

Results: Rapid transfer to a neurosurgical centre facilitated endovascular coiling, which subsequently allowed the patient to make a full recovery.

Conclusions: This case highlights how a quick diagnosis and good anaesthetic management are vital for successful outcomes in SAH. While the pain service accommodates a cohort of patients with multiple comorbidities, the delivery of this service is often in a location isolated from immediate support in the event of an emergency. Our case shows the importance of ensuring that all staff involved in this service are skilled in resuscitation. We argue that enhanced healthcare worker training through simulations and educational sessions can have a profound impact on patient mortality and recovery.

Keywords: Emergency; pain-clinic; resuscitation; subarachnoid-haemorrhage; training

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

doi: 10.21037/map-22-ab095

Cite this abstract as: Walsh P, McGarrigle C, FitzGibbon J, Lan W. AB095. SOH22ABS044. The argument for advanced emergency training among non-emergency staff. Mesentery Peritoneum 2022;6:AB095.