

Driver Partially Ejected From Vehicle

A 28-year-old man is brought to your facility by EMS for evaluation status post a motor vehicle accident. The patient was an unrestrained driver in a truck that went off the road into a ditch. The paramedics state that he was partially ejected, with his left leg caught in the window. There was brief loss of consciousness.

Upon arrival, he is awake and alert, with a Glasgow Coma Scale score of 15. His primary complaints are of back and left leg pain.

His medical history is unremarkable, and vital signs are stable. Primary survey shows no obvious injury. Secondary survey reveals moderate swelling and decreased range of motion in the left knee. Good distal pulses are present.

As part of your orders, you request a portable radiograph of the left knee. What is your impression?



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MALPRACTICE CHRONICLE

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levels for reference.

- Stick to your normal meal plan, if possible.
- Drink lots of sugar-free liquids to prevent dehydration.¹

Patients are also advised to contact their health care provider if they have any of the following symptoms: a fever of more than 100.5°F; vomiting or diarrhea of

more than two hours' duration; blood glucose levels higher than 250 mg after two checks, or levels that do not decrease after extra insulin is taken; and moderate or large ketones.¹

The instruction to call the office for any fever higher than 100.5°F may seem abundantly cautious. But the discussion that

ensues would serve as an opportunity to reinforce the need for closer monitoring—perhaps preventing a patient with a modest illness from spiraling out of glycemic control. —**DML CR**

REFERENCE

1. Joslin Diabetes Center. Sick Days. www.joslin.org/info/Sick_Days.html. Accessed June 10, 2015.

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ANSWER

The radiograph shows that the distal femur is medially dislocated relative to the tibial plateau. In addition, the patella is laterally dislocated. No obvious fractures are evident.

Such injuries are typically associated with significant ligament injuries, especially of the medial collateral ligament (MCL), lateral collateral ligament (LCL), and anterior cruciate ligament (ACL). Orthopedics was consulted for reduction of the dislocation, as well as further workup (including MRI of the knee). **CR**



CASE STUDIES IN TOXICOLOGY

function or severe intoxication, hemodialysis has been used effectively.⁵

CASE CONCLUSION

The patient was admitted for observation and treated with IV sodium chloride. After consultation with his neurologist, he was discharged home in the care of his parents, who were advised to continue him on sodium bromide (185 mg bid, orally) since his seizures were refractory to other anticonvulsant medications. **CR**

REFERENCES

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3. Vasuyattakul S, Lertpattanasuwan N, Vareesangthip K, et al. A negative anion gap as a clue to diagnose bromide intoxication. *Nephron*. 1995;69(3):311-313.
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5. Ng YY, Lin WL, Chen TW. Spurious hyperchloremia and decreased anion gap in a patient with dextromethorphan bromide. *Am J Nephrol*. 1992;12(4):268-270.