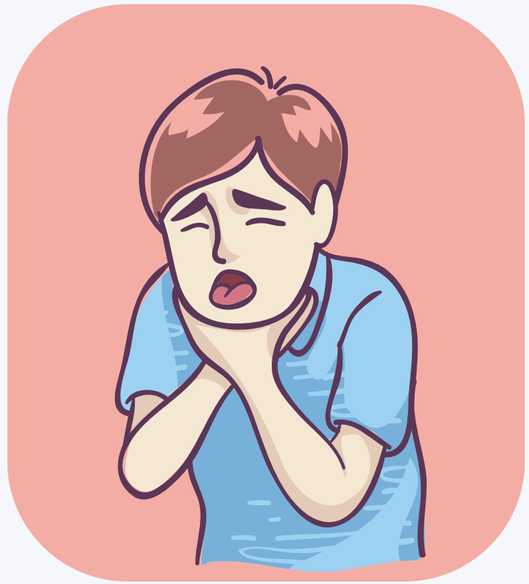
Choking and Acute Abdomen
For CHO/SN






CHOKING/ FOREIGN BODY INGESTION

- A foreign body if it enters throat and if is not removed in time, it can lead to complication or even cause death of the person
- High chance of these objects to descend down into airways or esophagus and stomach
- Airways may get blocked, and patient dies within minutes due to choking
- Initial ABCDE assessment is of utmost importance



CHOKING/ FOREIGN BODY INGESTION

- In adults, most commonly observed foreign objects stuck in throat are food particles while coins, bottle caps, batteries, button, seeds etc. are commonly noted among children

- CHO should give
  - 5 back blows. First, deliver five back blows between the person's shoulder blades with the heel of your hand

  - 5 abdominal thrusts. Perform five abdominal thrusts (also known as the Heimlich maneuver)

- Abdominal thrusts may injure infants. Use chest compressions instead

WHAT SHOULD THE CHO DO?

- Alternate between 5 back blows and 5 abdominal thrusts until the blockage is dislodged
- If another person is available, have that person call for help while you perform first aid
- If the person becomes unconscious, help him or her to the ground and begin CPR
- Do not perform a blind finger sweep because this could push an object farther into the airway

STEPS TO PERFORM THE HEIMLICH MANEUVER

Stand behind	Stand behind the person
Wrap	Wrap your arms around the waist of the person
Lean	Lean the person forward slightly
Fist	Make a fist with one hand, slightly above the person's navel
Grasp	Grasp the fist with the other hand
Press	Press hard into the abdomen with a quick, upward thrust, as if trying to lift the person up
Perform	Perform a total of 5 abdominal thrusts, if needed
Repeat	If the blockage still is not dislodged, repeat the five-and-five cycle

STEPS TO PERFORM HEIMLICH MANOEUVER ON CHILDREN

Make	Make yourself comfortable and sit holding the child in your lap in prone position, with head lower than the level of back
Tap back	Tap the back of the child till foreign object is expelled out

WHAT IF THE PERSON IS OBESE OR PREGNANT ?

Place your fist in the center of the chest to compress rather than in the abdomen

FOREIGN BODY IN THE ESOPHAGUS AND STOMACH

- Smooth objects like coins, buttons and safety pins may be swallowed
- Stomach and the intestines most often expel them spontaneously
- May take hours to get foreign body out, no need to panic
- Do not give laxatives routinely

FOREIGN BODY IN THE ESOPHAGUS AND STOMACH

- Ask and confirm the nature of the foreign body
- Sharps (needles, safety pins, batteries) are dangerous objects and can perforate stomach and intestines
- Sharps need urgent surgical removal
- Keep these patients nil by mouth and refer for urgent surgical care or endoscopic removal, whichever is indicated
- If soft, small objects as seeds, coin, shirt buttons are swallowed, then reassure the patient and ask them to take soft diet (bananas, other fruits, etc.) and foreign object would be expelled out spontaneously, need no other management

ACUTE ABDOMEN

- Refers to sudden, severe abdominal pain that is considered a medical emergency, requiring immediate diagnosis and often urgent surgical intervention

- Cases presenting with acute abdomen could either need a surgical intervention or a medical treatment

- Presentations requiring urgent surgery
  - Bleeding
  - Perforation
  - Ischemic Bowel
  - Colic
  - Peritonism

BLEEDING IN ABDOMEN

Ruptured Abdominal Aortic Aneurysm

Ruptured Ectopic Pregnancy

Bleeding Gastric Ulcer

Trauma

These patients will typically go into hypovolemic shock

Clinical features include tachycardia ad hypotension, pale and clammy on inspection, and cool to touch with a threaded pulse

PERFORATION OF ABDOMINAL ORGAN

Can lead to peritonitis, inflammation of the peritoneum

Causes of perforation

- Peptic ulcer
- Small or large bowel obstruction
- Diverticular disease
- Inflammatory bowel disease

CLINICAL FEATURES OF PERITONITIS

- Patients often lay completely still, do not move their abdomen, and look unwell
- In contrast to a renal colic, where patients are constantly tossing in the bed and cannot get comfortable
- Tachycardia and potential hypotension
- A completely rigid abdomen with tenderness
- Involuntary guarding- the patient involuntarily tenses their abdominal muscles when you palpate the abdomen
- Reduced or absent bowel sounds, suggesting the presence of a paralytic ileus

ISCHEMIC BOWEL

- Any patient who has severe pain out of proportion to the clinical signs has ischaemic bowel until proven otherwise

Clinical feature:

- Patients will often complain of a diffuse and constant pain

- However the examination can often otherwise be unremarkable

- Definitive diagnosis is by a CT scan with IV contrast, with early surgical involvement

COLIC

- Abdominal pain that becomes very severe and then goes away completely

- Most typically seen in either ureteric obstruction or bowel obstruction

PERITONISM

- Localized inflammation of the peritoneum, usually due to inflammation of a viscus that then irritates the visceral (and subsequently, parietal) peritoneum

Clinical features:

- Patient complains of abdominal pain starting in one place before localizing to another area

- Must remember to always consider extra- abdominal organs as the cause of the abdominal pain, including cardiac, gynecological, respiratory or testicular condition

Thank You