



Cam

Cam came to us after being hit by a car and run completely over. Outwardly, she didn't have much evidence of injury except for road rash on her groin and a few minor lacerations. However, the full extent of the lacerations could not be determined without sedation. She was given pain medications and started on IV fluids. We checked her chest and abdomen for internal bleeding with our ultrasound machine and confirmed there was no evidence of such trauma. Prior to sedating to clean and stitch the wounds, full 3-view chest x-rays were recommended to rule out intrathoracic trauma i.e. ruptured diaphragm, pneumothorax (free air in chest cavity from damaged lung), and pulmonary contusions (lung bruises). On an x-ray of the chest, we did see that Cam had moderate pulmonary contusions, but was not clinically symptomatic for them as she was still breathing normally. We elected to sedate her to clean her wounds and hopefully send her home to be monitored there.

Pulmonary contusions, as with bruises elsewhere on the body, tend to get worse before they get better. While she was sedated and the wounds were assessed, she suddenly coughed up frank blood. We rapidly fully anesthetized and intubated her to be able to control her breathing. More blood drained out of the endotracheal tube as a result of the bruises bleeding on lungs. Her oxygenation saturation level was only 91%, whereby normal is 100% when on supplemental oxygen as she was. While she did have a deeper laceration on her face that would have benefited from stitches, we elected not to prolong anesthesia due to the risk on her lungs and allow it heal on its own after cleaning it. We recommended hospitalization in our oxygen cage for 24-48 hours to allow her time for her lungs to heal so she could eventually go home without risk of choking on her own blood. With the help of EMPATH, the Warnicks were able to hospitalize Cam and she recovered enough to be discharged from the hospital 2 days later with no signs of respiratory distress.