Case Presentation

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ED visit #1

- 25 Sep 2014, 41 yo M presented to the ED of Texas Health Pres. In Dallas.
  - C/O dizziness, abd pain, nausea, and headache.
  - 1-hr wait in ED waiting room
  - Triage RN recorded elevated temp 37.8C (100.1F) and noted a travel history from Africa in EHR
  - ED physician examined patient, notes rhinorrhea and congestion, abd tenderness on exam, notes patient from Dallas

ED visit #1, ED Course

- Given acetaminophen for temp
- CT of head, A/P performed and reported as normal
- Labs show low WBC, low platelets, elevated Cr and AST
- Despite acetaminophonen, temp increased to 103.0 F
  - HR increased 90 --> 104 (DC)
  - SIRS score 0 on admission --> 3 (4 max) at DC
- Diagnosed with URI/sinusitis and discharged home with Abx

ED visit #2 29 Sep 2014

- EMS called to house
  - EMS reports patient from Liberia, profuse vomiting, diarrhea (throughout apt)
  - On arrival to ED taken to isolation room and PPE use per CDC guidance
    - 30 hours in ED in isolation, volume resuscitation and SIRS mgt.
  - Local Public Health and CDC notified, EVD confirmed
  - Transferred to MICU once other patients cleared out of unit
  - Despite ongoing ICU care, patient succumbed to EVD on 9 Oct 2014
    - Patient had massive amounts of emesis and diarrhea
    - Waste management was identified by staff as a challenge
    - PPE level was upgraded after Emory staff arrived to consult
  - 2 ICU nurses were infected and quickly transferred out to Emory and NIH

Missed Opportunities

- ED communication
  - Travel history not verbally communicated per institutional protocol
  - SIRS warning system not recognized or heeded during ED visit #1

- ICU care
  - Lack of preparation – PPE training, Infection control training, waste mgt
  - Lack of adequate guidance from CDC and misunderstanding of CDC role
  - Lack of national system for serious communicable diseases that exists today
  - NETEC