A Case Study

Haemophilia

By **Annamma Thomas Alencherry**

A four-year old male child 'C' was admitted to the paediatric ward with bleeding from head due to a brick falling on the head eight days before. The child was admitted previously with the history of haemophilia.

Haemophilia is a disorder of blood coagulation due to deficiency in the anti-haemophiliac globulin. This means that women are carriers of the defective gene, but the disease manifests itself only in men. It is characterised mainly by bleeding, externally or internally, especially in to the joints following minor trauma. In severe cases the infants dies due to intra-cranial bleeding from the cord, or bleeding after circumcision. In very later cases bleeding into the joints, enlargement of the joints and fixation of joints occur.

FAMILY HISTORY

'C' belongs to a middle class Hindu family. His father is a shopkeeper. He has four brothers and three sisters. One brother died of epistaxis at the age of 12 years. Another brother died of bleeding from the gums when he was 1½ years old. Now there are three sisters, one brother and 'C' the patient. His mother 'B' has three sisters. She also had some brothers who died before she was born. She is the youngest in the family. The parents died when she was a little girl, the father of asthma and the mother of fever.

PAST HISTORY

'C' was admitted three years ago with complaints of blackish spots all over the body. Whenever there is any bleeding from any part of the body, it goes on continuing for long time. General condition was good.

Investigations showed the following :

Hb. 8.8. Bleeding time one minute fifty seconds (Normal 1-6 min.) Clotting time Leewhite method one hour twelve minute (normal 1-6 min.) Prothrombin control in seconds 20 (normal 12-14 sec.), Patient in seconds-20 (normal 12-14 sec.), Platelets-258000 (normal 250000-500000).

TREATMENT

Ferlicit (Tonic) one teaspoon TID, M. vit drops 0.6 cc OD, Vit. K. ½ tab. TID to prevent bleeding, Vit. C. 100 mg OD to increase healing. Within 6 days 'C' was better and was discharged with home medicines Tonoferon and Theragram.

INVESTIGATION

On admission 'C' had 99·4°F Temp.

Hb. 7.4. W.B.C. 7400, Neutrophile 35, Lymphocytes 58%, Esinophile 4%, Monocytes 2%, Bleeding time one minute thirty seconds. clotting time 7 min. Type and cross-match was done. His blood is group 'B'.

A.T.S. 1500 unit after test dose was given.

Phenobarb 60 mg P.O. Vit K. 10 mg. IM. given. One unit of very fresh blood which contains 'Anti-haemophilic globulin' started and 'C' was taken to operation room for suturing. It was done under local. 500 cc Glucose water I.V. slow drip. Vit. K. 5 mg BID, Vit. C. 100 mg BID, Dicalciples one teaspoon BID given Post Op. Patient did not have any bleeding after suturing. He had a good sleep at night.

On the second day there was no fever. Dressing was slightly stained with dried blood.

On the third day also there was no bleeding. On the 7th day the Doctor ordered the removal of one suture every day. No bleeding found. The wound looked all-right. The process continued until all sutures were removed.

Macrafolin with Iron 1 OD and Calcium 1 TID were given. The patient was discharged in a good condition with home medicines. Vit. C. 100 mg OD×30, Calcium 1 BID×30 and Vit K. 1 OD×30.

PATIENT TEACHING

The child's mother was advised to look after the child from falling and slipping. She was also advised to keep sharp instruments and things that could hurt the child out of his reach. She was told to give the child food that contained iron, Vit. C and Vit. K. She should also seek advice soon when the child is having any gastro-intestinal trouble since the intestine is not able to absorb Vit. K. in case of diarrhoea, and prothrombin formation will be deficient.

Bibliography : Text Book-of Paediatrics by Nelson.

(**Innovation**—*Contd. f. p. 299*)

Education and training of health workers must be the constant and continuing responsibility of the nurse educators at the health guidance clinics. Excess training for limited responsibility should be avoided. The health workers prepared by the clinics from among the local residents takes the following responsibilities under the direction of the professional nurse.

(*a*) Environmental health, (*b*) Health Education, (*c*) Immunization, (*d*) First Aid and (*e*) Family Assurance Scheme, including Family Planning.

The clinics may seek the assistance of Physicians by arranging their visits once a week. Visits by specialists could also be arranged occasionally as required.

The Health Guidance Clinics also takes the responsibility for rehabilitation.

Physicians and the nurses are the important professional groups in the health care team. If the physicians are becoming too specialised and have no time for general medical practice I hope that with additional curriculum and change in the syllabi the nurses would be prepared to carry out such functions that may be demanded of them and the people will not suffer for want of a physician for simple prescription and therapeutic care.

In a way I am suggesting that nurses may be prepared to practice their profession independently.

*From a paper presented by Miss Powar at a Panel Discussion at the International Council of Nurses Congress held in Mexico from May 12-18, 1973.