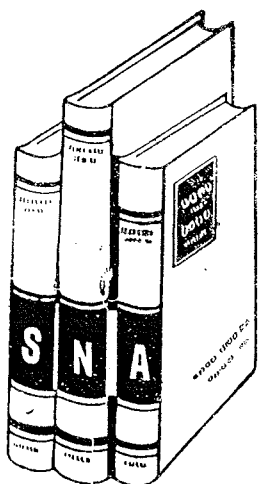


A CASE STUDY



Rheumatism with Carditis

By

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Padma aged 10 years was admitted to the Pædiatric Ward with severe pain in the chest and joints and fever. On exertion the patient became dyspnœic—Padma had been ill for a week. Padma's parents stated that she had not suffered from any serious illness prior to this.

On examination by the Assistant Physician, it was found by auscultation of Cardio Vascular System that there was cardiac murmur. On X-raying Padma's chest it was noted that she had an enlarged heart and there was pericardial effusion. She had rheumatic nodules on the left elbow. The case was diagnosed as acute Rheumatism with Carditis. The patient was given complete rest in bed.

Laboratory Investigation showed that the urine contained a few pus cells, but sugar and albumin were absent. Stool was examined—nothing abnormal found. Blood report showed that the E.S.R. was 120 mm/1 hour (normal 10—15mm/1 hour). Total count 11600 cells/cmm (normal 5,000 to 10,000) Differential blood count. Polymorphs, 67%, Lymphocytes 30% and Eosinophils 3%.

The condition of the patient on the first day was acute. Temperature was 100°F, pulse 120 and Respiration was 26. There was pain in the chest and joints. Medicines given; Aspirin grains 40 with lactose—T.D.S. Prednisolone 15 mgm, 3 times a day. Injection Intramuscular of Procaine Penicillin 4 Lac and Vitamin

'C' tablets given 3 times a day. The intake and output of fluids were charted. Patient perspired a lot and clothes changed, the usual nursing care of back, mouth and daily washings were done and the patient made comfortable. Condition on the **Second Day** was no better, patient had a rise of temperature of 102°F. Pulse rate 160 and severe pain in chest. Patient was given injection of Digoxin 1/2 ampule (.25 mgm) intramuscular, and injection Phenobarbitone Sodium 100 mgm given intramuscular. Patient was propped up with a back rest and oxygen administered as the patient had dyspnoea. Tepid sponging was done and the temperature recorded was 99.6°F. the patient was given fluid diet—usual nursing care was given.

Third Day—the patient's condition was pretty much the same as the previous day—the usual treatment and medicines were given.

Fourth Day—The temperature was normal—but the pulse was rapid; the size of nodules on the elbow were smaller, the patient's respiration was easier and the general condition looked better, usual nursing care given.

Fifth Day—During the day the patient was feeling a little better, but at night she complained of severe pain in the chest. Temperature was 103°F, pulse rapid 162, having tachycardia and dyspnoea. On auscultation crepitations in the lungs were noted. Oxygen given, tepid sponging done, patient was made comfortable.

Sixth day—slight change in the condition of the patient, her temperature continued; the medicine and injection continued, there was slight trace of blood in the urine, which was sent for examination. Liquid diet and orange juice given; the usual nursing care given.

Seventh Day—Patient was showing signs of improvement, she was cheerful and was taking note of her fellow companions. On auscultation of the cardio vascular system there was no pericardial rub, her temperature had been normal. She was given semi-solid diet and the usual nursing care given.

Eighth Day—Still further progress was noted and now Padma was making a rapid recovery—her temperature pulse and respiration returned to normal—all medicines were discontinued and she was allowed to have her normal diet.

A few days later Padma was discharged; before leaving the hospital Padma's parents were instructed to bring Padma twice a week to the Out Patient Department for check up. She came regularly and never failed to visit the ward.

Though a child she was very co-operative, eager to listen to my explanations and advice and was confident in the nursing personnel.

My thanks are due to the Medical Officer, Sister and the nursing staff for giving me the necessary guidance and help to do this case study.