

to a cool environment and encouraged to increase the consumption of fluids. However one of them required admission and another three was sent to the nearest hospital for further observation and management.

DISCUSSION

Preparedness for a drill is not solely pertaining to the scenario injuries but also by expecting and anticipating possible real injuries or emergencies as well. Several factors need to be considered at all time such as the weather changes, environment safety and players' health conditions. Thus, it is important to ensure preparedness for real emergencies during a disaster drill.

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LOW GCS: TO INTUBATE OR NOT TO INTUBATE

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INTRODUCTION

Altered level consciousness is a common presentation in emergency setting. Misconception of equating a low Glasgow Coma Scale (GCS) with indication of intubation is not uncommonly seen. The act of juvenile decision to intubate prior to detailed assessment, has lead to unnecessary intubation and raise intubation-associated complications.

CASE REPORT

33 year-old female presented to emergency department with sudden onset of quadriplegia and aphasia, shortly after having quarrel with her husband. On arrival to Emergency department, noted patient GCS was E4V1M1. Patient was normoglycemic with normal cardiac rhythm on immediate assessment. She was able to

respond to some questions by blinking her eyes. No prior history of fever, substance abuse, alcohol intake, recent medications or any previous illness. On examination, pupils were reactive, spontaneous breathing effort, absent gag reflex, power all 4 limbs 0/5 however tone and reflex normal. Further blood investigations, urine toxicology, CT brain were unremarkable. Intubation was not performed, as patient was able to maintain airway spontaneously with no respiratory distress and no features of traumatic brain injury. Case referred to medical team, who subsequently treated the patient as meningoencephalitis and started on empirical antibiotic. Miraculously, on 3rd day of admission, patient suddenly recovered completely and was treated as pseudocoma.

DISCUSSION

The concept of GCS in deciding need of intubation is revisited. It should be emphasized that interpretation of GCS score of patients should be individualized case-by-case basis. In the end, good history taking with thorough clinical examinations will gives limitless amount of benefits in deciding treatment plans.

CONCLUSION

As a primary responder, we have to shift our thinking process in managing patients with altered level of consciousness. The role of GCS should be kept as a first line guide rather than sole indication of intubation.