


Fluid Therapy

Dr. Ashraf Salah Ibrahim El
Ghaname

university of Cairo. Egypt

 Ashrafelghaname@gmail.com

Abstract

In my work as nephrology doctor in Magdishio Somalia (warzone) a male patient (solider) was referred to me as a case of multiple gunshot mostly in the abdomen, and since around two weeks and was subjected to several operations to deal with his surgical case. Yet after two week of surgical treatment the surgeons noticed high urea & creatinine levels in that parent to whom they suggested to have a couple of dialysis session yet I preferred to deal directly with the patient regardless the recommendation I took history of the pt. and studied the fluid chart for him, To find the following: The pt. is having 5 drainage tubes hanging out of his abdomen to drain the discharged fluid out of his abdomen with correspondingly 5 collection barges for these drains. I added all discharged fluids and combined it with the fluids the pt. is taking Intravenously I found that the total fluid intake is much less than the fluids drained as I may recall figures the patient was draining like 5 liters of discharged fluid and only takes 3 liters Intravenous and almost not taking anything by mouth as he is always between surgeries The patient come to my unit I started first by repeated changing the wound covering as I find it is rapidly soaked by pus that makes the pt. always feverish I advised 4 times per day for changing the wound cover → fever disappears. Also I advised to change the fluid therapy to be 3liters plus the amount of collected discharge, for example if drain collects 5 liters a day. Then a total 8 liters should be given all over the day. After one day the kidney function were starting to be corrected dramatically which didn't need to subject the patient for dialysis.

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Biography

Dr. Ashraf Salah Ibrahim El Ghaname was completed his MBBS in university of Cairo. Egypt.

His research interests are nephrology, dialysis, Clinical Nephrology.