

Managing at a distance – polytrauma in a patient with severe haemophilia A. A multidisciplinary case review

P McLaughlin, N Goddard, B Subel, D Pollard, P Chowdary
Haemophilia centre, Royal Free London NHS Foundation Trust, London, UK

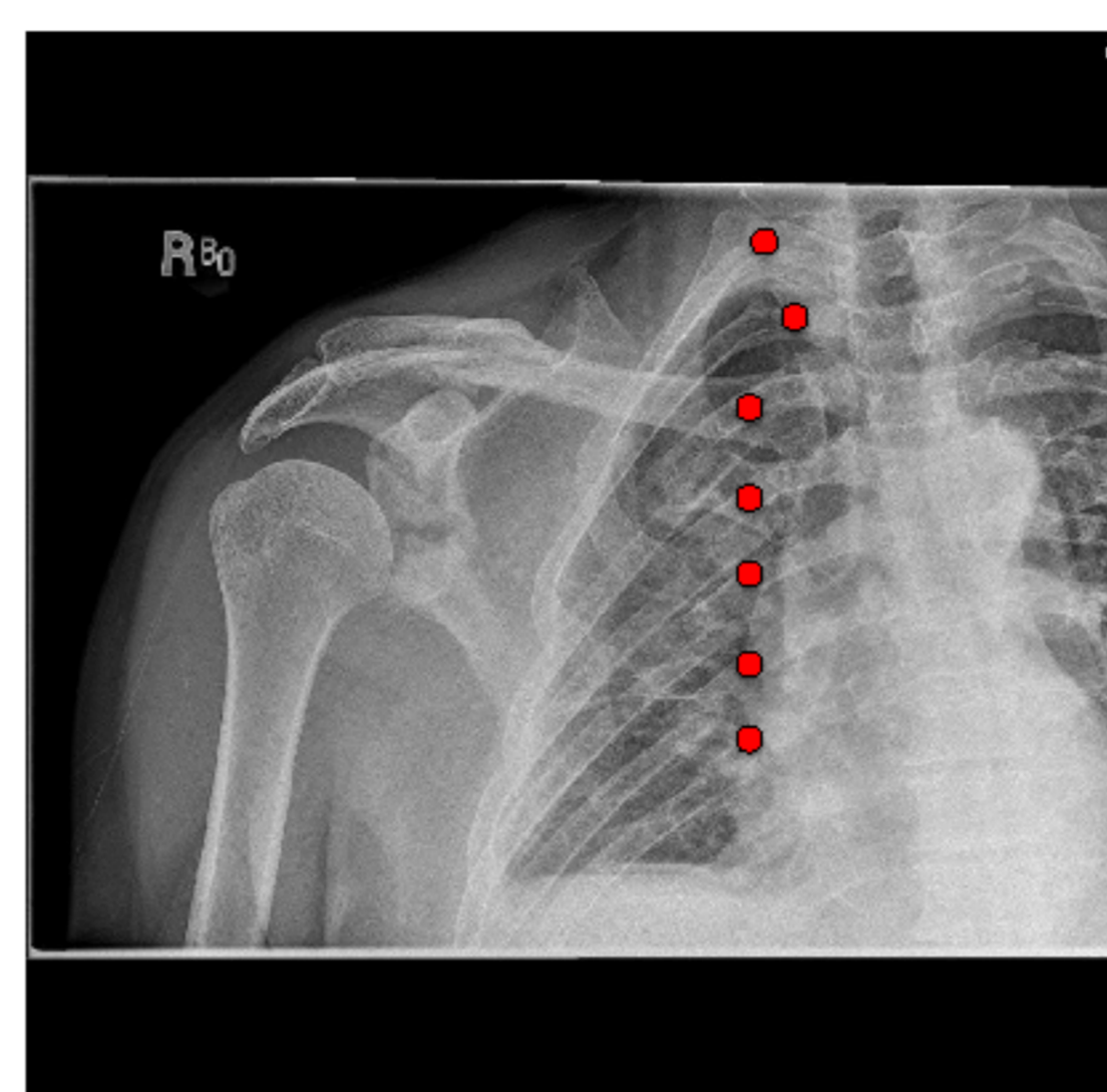
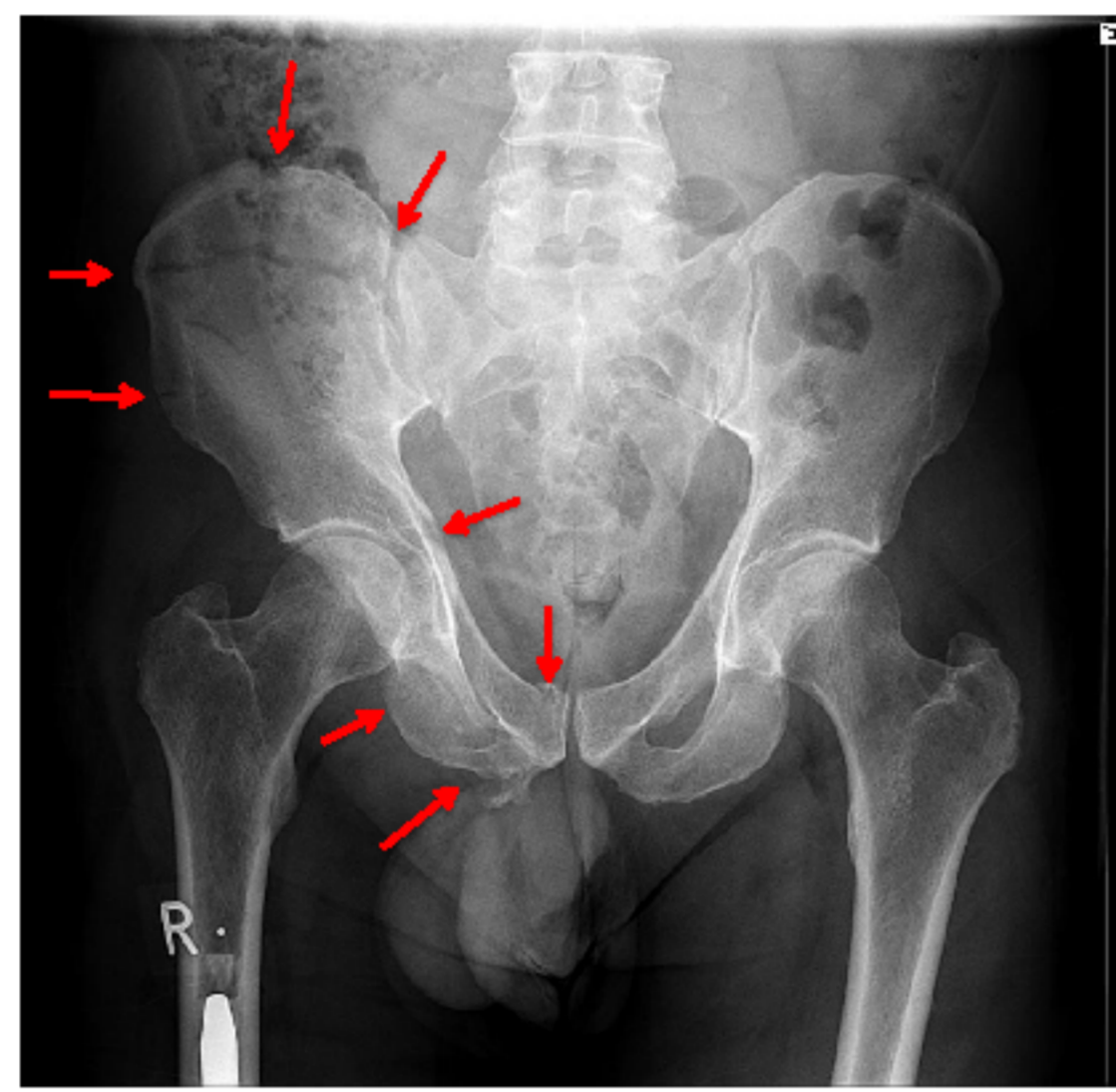
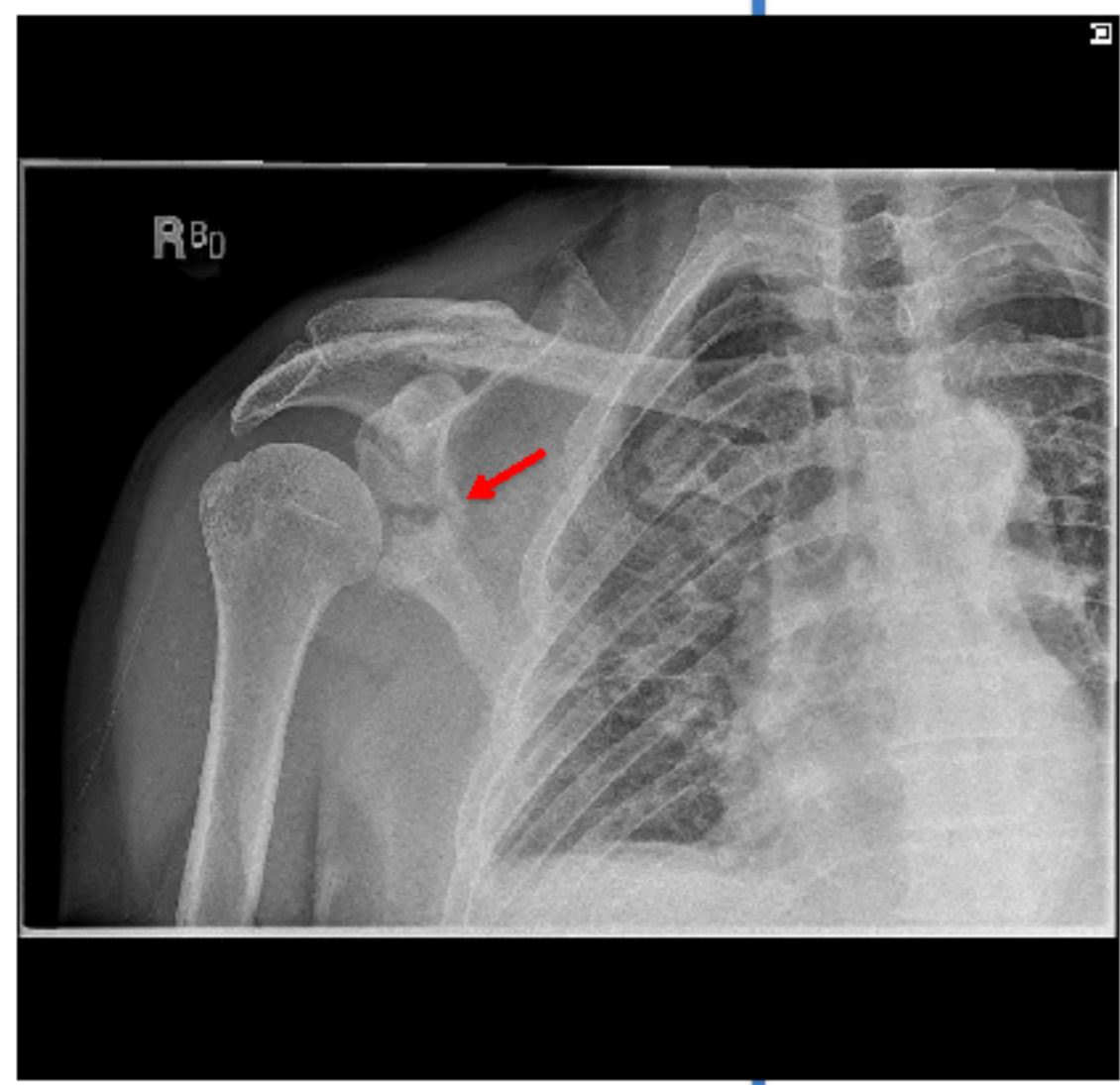
-milestones-

Demographics

49 year old, Co-infected, Right knee arthroplasty (twice with revision), bilateral elbow and ankle arthropathy

15.05.13 - History of injury -

Riding his motorcycle to work – involved in collision with large van
Sustained significant life threatening injuries – Admitted to **Major Trauma Centre that had no Haemophilia centre on site – therefore haemostatic management was done from a distance**



Spinous processes T4,5
Transverse processes L3,4,5
Right Pneumothorax
12 # right ribs
Renal/Hepatic Lacerations



- Trauma Management -

Medical stabilisation and ICU
Not ventilated or intubated
Chest drain
Rolling bed transfers only

Full assist with self care

NWB Right hip
Transfer with assist of 1 to chair

- Pain Management -

Mid Thoracic spinal epidural (avoiding ventilation)

Oral Ketamine 50mg/ 4 hourly
Tramadol 100mg 4 hourly
Paracetamol 1g 4 hourly

MST 10mg at night
Oromorph 5-10mg PRN

- Haemophilia Management -

Immediate bolus dose rFVIII
FVIII Level 15 mins post= 150iu/dl

Continuous infusion advised rFVIII at 4iu/kg/hr to maintain FVIII level >80% (10 days)

2500iu/dl – in twice daily
Dosing 1250iu (15iu/kg) (Maintain trough >70%)

2000iu (24iu/kg) daily (Maintain trough >40%)

1500iu (18iu/kg) daily (Maintain trough >30%)

3000iu (36iu/kg) alt days (Maintain trough >40%)

3000iu (36iu/kg) 2 x week

25.05.13 - Transfer from trauma centre -

- Orthopaedic and Rehab Therapy Management -

29.05.13 Repeat of all radiology - evaluate fractures and positioning
Limited ability to elevate upper limbs (painful++) – but can transfer to chair with assistance of one.
Weightbearing (WB) status – non WB left arm and right leg

07.06.13 MRSA +ve
Physiotherapy focus - bed mobility, respiratory health and gentle movement exercises and isometric muscle activity for upper and lower limbs.
Occupational therapy focus – independent self care

His son (first child) is born

12.06.13 Orthopaedic decision – **conservative management** of all fractures

18.06.13 Allowed to partial WB on Right leg – increase mobility with tripod stick
Continue to increase shoulder strength, ROM and function

20.06.13 - Discharge home -

downstairs living. Independently mobile - tripod stick. Shoulder AROM R= 100°, L= 50°
Home Rehab – use of door pulleys, light weights, stairs for cardiovascular activity, resistance bands, balance and proprioception activity.
Hydrotherapy – strengthening and ROM. **Gym:** Endurance, mobility and strength

04.09.13 - Return to work -

Phased over 3 weeks (per physio guidance) virtually pain free, independently mobile and driving his car. Shoulder AROM R= 140°, L= 100°
Twice weekly prophylaxis rFVIII 2000iu (24iu/kg)

May 2014 - One year on -

Physically very well, pain free.

The expertise of multiple teams, modern trauma and haemophilia care, effective communication and this individual's determination, have resulted in a remarkable story of survival and recovery.

