

Fluid Management in a 48-Year-Old Female Post-Hysterectomy Using FloPatch

THE CASE

A 48-year-old female patient was admitted to the hospital following a full hysterectomy performed two weeks prior. She presented with abdominal pain and purulent discharge, leading to the diagnosis of an abscess. Post interventional radiology (IR) for drain placement, she was admitted to the Progressive Care Unit (PCU).

CLINICAL CHALLENGE

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Upon admission, the patient exhibited persistent hypotension with systolic blood pressures in the 80s, despite being asymptomatic.

2

In a span of four hours, her condition deteriorated, with blood pressures dropping to the 70s.

3

The patient received significant fluid resuscitation (approximately four liters), yet her hypotension persisted, raising concerns about fluid responsiveness and underlying causes.

INTERVENTION: FLOPATCH ASSESSMENT

FloPatch was used to help the clinician understand the patient's fluid responsiveness.

The assessment suggested the patient was fluid unresponsive which was critical in guiding the subsequent treatment plan.



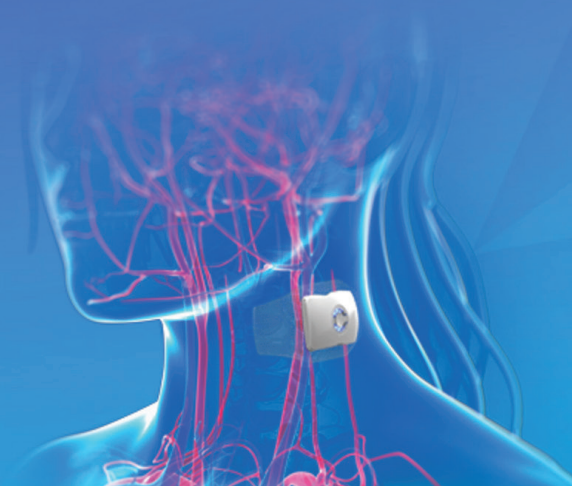
“Once we got FloPatch, I realized how much easier and efficient it made our assessments. It’s astounding to see a young lady, relatively healthy, struggling hemodynamically. FloPatch offered us clear and immediate insight, providing us with the critical data we needed at a crucial time.”

Brianna, RN, El Camino Hospital



FloPatch

Wireless, Wearable, Doppler Ultrasound



PATIENT JOURNEY



Admitted to Hospital

Abdominal pain, purulent drainage from abdominal incision site (hysterectomy two weeks prior).



Initial Diagnosis & Intervention

Pelvic abscess (CT); transferred to IR for drain placement.



Clinical Assessment

Returned to PCU post drain placement; remained hypotensive after more than 3 liters of IV fluids.



FloPatch Assessment

Fluid unresponsive.



Treatment Initiated

Started on vasoactive drugs; transferred to ICU.

DISCUSSION



Rapid Assessment

The use of FloPatch allowed for a quick and accurate assessment to understand the patient's response to fluid therapy.



Avoiding Fluid Overload

The FloPatch assessment helped guide clinicians to stop administering physiologically ineffective fluids, which reduced the risk of fluid overload and associated complications.



Clinical Decision Making

The data from FloPatch provided valuable insights giving the providers clinical confidence to make informed decisions about the patient's management.

CONCLUSION

This case highlights the importance of challenging traditional assumptions about hemodynamic status, regardless of age. FloPatch was an invaluable tool during a critical time when the interventions initially employed by clinicians were ineffective. The FloPatch assessment empowered clinicians to make well-informed decisions when the optimal course of action was initially uncertain. Assessing for fluid responsiveness can not only improve patient outcomes but also emphasizes the need for precision fluid management in diverse clinical scenarios.