

## **An inclusion of medicine academics in the “Barra do Imbuí” family health unit**

Vitória S. Freitas, Daniel N. de Almeida

Centro Universitário Serra dos Órgãos, UNIFESO, Teresópolis (RJ), BRAZIL.

### **Background**

We present the case of a 67-year-old Brazilian female, a widow, living with her daughter, her caregiver, in Barra do Imbuí, who fractured the head of the right femur due to a fall. The fracture was treated surgically, with the surgical scar presenting phlogiston signs. She was sent home 2 days after the surgery. The patient was also diabetic, which was treated with NPH insulin, 10v after waking up and 10v before sleeping (self-applied), and had untreated hypertension. She was a smoker since age 13.

After collecting her medical history, the students detected high glyceimic levels (417 g/dl) and hypotension (100/80 mmHg). The patient also presented anasarca, anuria and lethargy, leading to the suspicion of sepsis by the responsible interns.

According to “Surviving Sepsis Campaign – 2012”, the blood pressure levels for severe sepsis are systolic blood pressure below 90mmHg or diastolic blood pressure below 65mmHg.

Associated with the risk of infection presented by the surgery, and the altered level of consciousness, the students recommended transfer to the closest hospital for evaluation via the SOFA score, which presents 3 components: lowered consciousness, respiratory frequency higher than 22 IPM and systolic blood pressure below 100mmHg.

After returning to the unit a week later, the students received the news that the patient had passed from severe septic shock 2 days after the DV.

The students learned from the case that there are still very real barriers against the treatment of patients belonging to a social group that lacks adequate health services accessible to their socioeconomic reality. It is also noted that neglect and difficulty in recognizing the septic picture is still a difficulty and reality in Brazilian health. Thus, the domiciliary visit is an effective tool either for the identification of cases neglected or of difficult access. Through the knowledge of such cases and a corresponding action, it may be possible to make justice to the most fundamental principles of our Unified Health System, integrality and universality.