

## **PS2.096**

### **24 hours of sleep: tiredness or drug intoxication?**

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Personal Background: Female, 44 years. Allergic to primperan. Surgery for lumbar fusion. Anxious depressive syndrome. In treatment with tramadol, hydromorphone, diazepam, bromazepam, Midazolam. Pregabalin.

Current Illness: Attend an episode of sleepiness and fatigue during the previous 24 hours. No fever. No chest pain. No abdominal pain. No nausea or vomiting. Refers to the last six months has presented three similar episodes. It seems to relate with taking medication. The daughter often referred me to present these episodes after having a busy week. The daughter relates that the patient goes to bed late and get up early, during the day he stays with his grandchildren. So on until it is exhausted.

Physical examination: good overall condition. Auscultation unchanged. Neurological examination: Glasgow 15. No alteration of the cranial nerves. No signs of meningitis. Negative Romberg. Not cerebellar disorders. No alteration of force or sensitivity. No alteration in speech and gait. He is currently asymptomatic.

Investigations: The patient is asymptomatic so no emergency complementary tests are recommended.

Evolution: You are indicated to the patients who need to go to your family doctor for reassessment. The presenting symptoms may be due to the two situations tells us; the possibility of fatigue or the potential drug overdose. for proper approach to two possibilities are given guidelines for adequate rest and you are advised to attend social skills workshop that takes place in your facility. In addition it is recommended to start by reducing the dose of midazolam night, half with subsequent review and adjustment by your doctor.

Conclusion: This case presented, the performance of emergency is minimal because the patient did not require any intervention in the emergency department. The emergency physician must know the community activities that take place in health facilities to allow appropriate patient counseling. To do this we consider essential communication between primary care and emergency services.