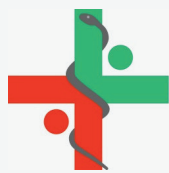


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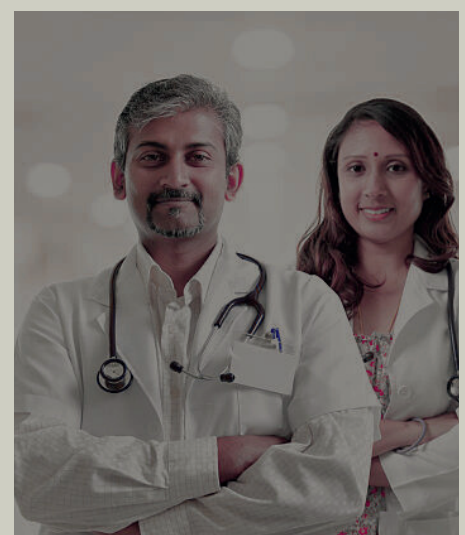


The Official

NEWSLETTER 2025

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Message from President, SLCEP .

Dear Colleagues,

It gives me great pleasure to extend my warmest greetings through this edition of our newsletter. As we reflect on the past months, it is inspiring to witness the continued dedication, resilience, and innovation within our emergency medicine community. Whether on the front lines of clinical care, in academic settings, or behind the scenes in systems development, your contributions remain invaluable.

We are at a pivotal time in healthcare, where collaboration, research, and education must go hand in hand with compassionate service. Our recent initiatives – from capacity-building workshops to regional outreach and policy advocacy – are steps toward strengthening emergency and trauma systems across Sri Lanka and beyond. I am especially proud of the growing interest in research, digital innovation, and sustainable training models that align with our mission.

Let us continue to support one another, stay engaged, and remain committed to excellence in patient care. I invite all of you to contribute your insights, ideas, and experiences as we shape the future of emergency medicine together.

With gratitude and regards,

Dr Inuka Wijegunawardana

President, SLCEP

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Message From Editors.

Dear Readers,

It is with great pleasure that we present to you the latest edition of our newsletter – a platform that continues to reflect the pulse of emergency medicine and trauma care within our community. This issue brings together stories of dedication, innovation, and shared learning from across our network of clinicians, educators, and partners.

Emergency care is, by nature, dynamic and demanding. Yet, in the face of challenges, we find strength through collaboration and a shared vision for better systems and safer outcomes. This edition includes insightful articles, recent achievements, and ongoing projects that demonstrate how we are collectively driving progress in patient care, training, and policy.

We would like to acknowledge all contributors, reviewers, and readers for your continued support. Your feedback and engagement help us grow stronger with each publication. We encourage you to reach out with ideas, case reports, or reflections – your voice is vital to this ongoing conversation.

Editors

Dr G Dinesh Weerasinghe

Dr Kandiah Manitheepan



Red Sea Lion fish envenomation leading to anaphylactic shock – A Case Report

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Keywords

Red Sea Lion fish, Anaphylactic shock

Introduction

Sri Lanka being an island is rich in biodiversity of flora and fauna. Red sea lion fish belonging to the family of scorpaenidae is included in it. People around coastal area is at an increased risk of marine envenomation as the main livelihood is fishing. However, there is poor knowledge and awareness about red sea lion fish envenomation and possible adverse effects of it. It is of prime importance that health care professionals working in coastal areas of the island should have sound knowledge on the sign and symptoms, possible clinical outcome, first aid, detection and timely management of local as well as systemic effects. This document is presenting a rare case of red sea lion fish envenomation that resulted in anaphylactic shock.

Case presentation

A 46 years old, otherwise healthy gentleman presented to the Accident and Emergency Treatment Unit of Teaching Hospital Jaffna with a complaint of itchiness all over the body after being pricked by a thorn of red sea lion fish on left side forearm. He didn't have chest pain, difficulty in breathing, abdominal pain or postural giddiness. This incident happened when he accidentally touched a dead red sea lion fish on sea shore. He presented to the hospital within 30 minutes of exposure.

On admission, his blood pressure was 150/90 mmHg and pulse rate was 76 beats per minute. Air entry on both lungs were equal and there was no added sounds. Abdomen was soft and his oxygen saturation was 99% on room air. He also had severe pain at the exposure site with swelling.



Figure 1 : Red sea lion fish exposure site on right sided forearm

He was categorized as category 3 according to Triage protocol and moved to treatment area of the unit. He was attached to cardiac monitor and administered with steroids and antihistamines. He was in severe pain according to pain scale and in generalized itching. Therefore, opioids such as Pethidine and tramadol are administered. Though his pain settled, his itchiness and rashes got worse. After 2 hours of admission, he complains that he feels lightheaded and giddiness with worsening itching. Monitor displayed a blood pressure of 70/50 mmHg with heart rate of 110 bpm. A working diagnosis of anaphylactic shock was made and administered with repeated doses of intramuscular adrenalin

0.5 mg with 5-minute interval for three times. He completely recovered with ongoing mild to moderate pain around exposed site. He was observed for 24 hours in A & E and discharged next day with short course of oral steroids and antihistamines. His ECG and blood investigations were unremarkable.



Figure 2 : Red sea lion fish

Discussion

Sri Lanka being an island in Indian ocean is endemic to many flora and fauna. The red sea lion fish (pteroisvolitans) belonging to the family of scorpaenidae is native to the Indo Pacific region, thus found in Sri Lanka as well. It has 18 venomous fins alongside the pelvic, anal and dorsal areas which has venom that is capable of causing severe local reactions and rarely systemic effects. Envenomation is mostly seen in divers, fisherman, swimmers and aquarium owners due to increased risk of exposure to it. The venom causes severe local reactions such as severe pain, swelling, warmth of exposure site which are hallmarks of acute inflammation. Systemic manifestations like nausea, vomiting, abdominal pain, hypotension and postural giddiness are reported to be rare. Patient in this case had severe local effects and developed anaphylactic shock after 2 hours of exposure. Treatment of red sea lion fish envenomation includes strong analgesics, antihistamines to reduce the inflammation and antibiotics if there is exposure site infection. Monitoring of the patients is important to detect and treat anaphylaxis then and there.

Conclusion

This case demonstrates the potential of Red Sea Lion fish envenomation to cause anaphylaxis which is reported to be rare. So, management of local reactions and monitoring of the patient to detect systemic manifestations and timely management of anaphylaxis helps to reduce morbidity and mortality of the patient.

Reference

1. Ruben J et al, Lionfish envenomation – a sea bathers' nightmare: A case study at Teaching Hospital Karapitiya, Galle Medical Journal, Vol 24: No.2, September 2019
2. Benjamin B. Norton, Scott A. Norton, Lionfish envenomation in Caribbean and Atlantic waters: Climate change and invasive species, International Journal of Women's Dermatology, Volume 7, Issue 1, 2021, Pages 120–123,



Baby on Wheels: A safe delivery in an ambulance En Route to Hospital

In the early hours of a quiet morning, an astonishing event unfolded inside a fast-moving ambulance — the safe delivery of a baby girl, minutes away from the hospital along the east coast of Sri Lanka. The mother, a 24-year-old woman from a rural village of Trincomalee, went into active labor at home, prompting her family to call 1990 ambulance services. Family did not expect that their newborn wouldn't wait for the proper delivery at hospital.

Responding swiftly, young, energetic ambulance crew — led by an organized 1990 emergency control room — arrived within minutes. It was clearly evident that the mother was in the final stages of labor. With no time to spare, the freshly appointed ambulance crew made the call to begin transport immediately while preparing for the possibility of an en-route delivery with her knowledge and skills which she learnt recently under a structured EMT course.

Middle of the journey, with contractions coming closer and stronger, the EMT recognized the urgency of delivery. Using her training in emergency obstetric care, she guided the mother through labor in the back of the ambulance. Within moments, a healthy baby girl was born with an APGAR score of 10. She was looking gorgeous in a gently wrapped warm towels.

The EMT ensured the baby's vitals and then clamped and cut the umbilical cord using sterile equipment, and placed the newborn on the mother's chest for warmth and bonding. Placenta was also delivered within the ambulance. Mother's haemodynamic parameters and observations were continuously monitored and ensured within normal range. Both of them were handed over to the hospital safely.

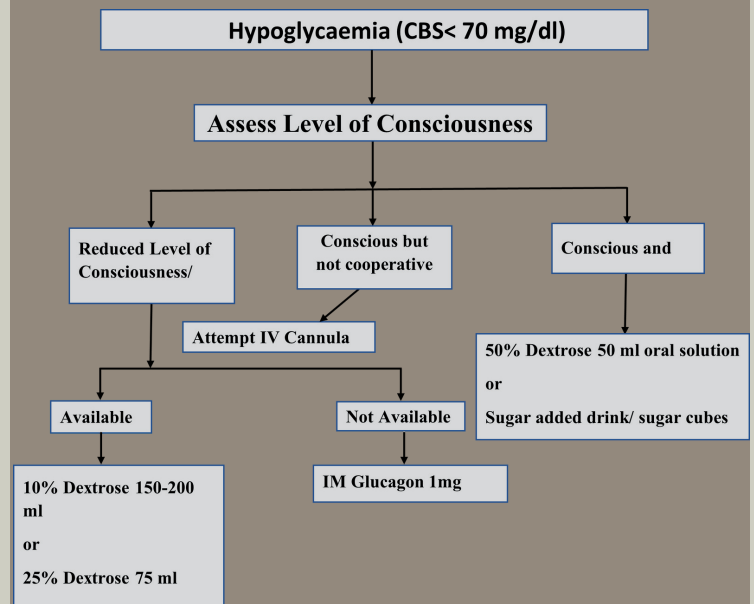
Both of them were reported to be in good health condition and discharged from hospital following day. A beautiful family, began their life with a newborn by expressing their sincere gratitude for this emergency care service.



Suwaseriya 1990 ambulance service is collaborating with apex bodies like University Grant Commission, Ministry of Health, Sri Lanka College of Emergency Physicians and international experts to train the Emergency Medicine Technician and improve the prehospital emergency care services. This event showcases the integrity, quality and importance of the EMT training and highlights not only the unpredictability of childbirth but also the critical role of prehospital care providers. It was a powerful reminder that, even outside the hospital walls, life finds a way — and sometimes, that way is down a country road in the back of an ambulance.

Management Flowchart – Hypoglycaemia

- Assess Airway, Breathing, Circulation and stabilize



- Recheck blood sugar after 15 minutes
- If <60 mg/dl, can give further 10% or 25% or 50% Dextrose IV
- If persistent hypoglycaemia, call for help, look for other causes for hypoglycaemia (like sepsis, adrenal insufficiency, hepatic failure, toxicity or insulinoma)
- If hepatic failure or history of alcohol, give thiamine 100 mg before administering dextrose (don't delay administration of dextrose if thiamine is not immediately available)
- If sulfonylurea drugs induced hypoglycaemia which is poorly responded to dextrose administration, consider Octreotide 50 microgram IV bolus and 50 microgram/ hour IV infusion

WE ARE PROUD TO ANNOUNCE THAT THE SRI LANKA COLLEGE OF EMERGENCY PHYSICIANS (SLCEP) HAS BEEN OFFICIALLY RECOGNIZED AS A FULL MEMBER OF THE INTERNATIONAL FEDERATION FOR EMERGENCY MEDICINE (IFEM) — THE GLOBAL BODY REPRESENTING EM ORGANIZATIONS ACROSS THE WORLD.

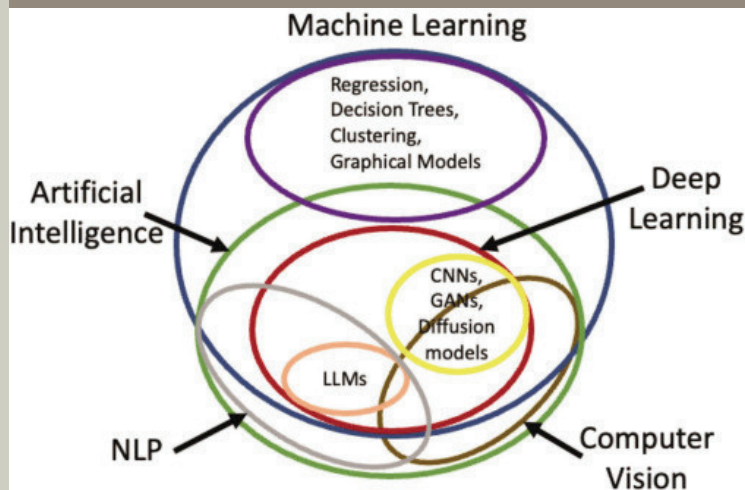


The Contribution of Artificial Intelligence in Emergency Medicine

Artificial Intelligence (AI) is steadily transforming the landscape of healthcare delivery, particularly in the field of Emergency Medicine. As the first line of response in most hospitals, emergency departments (EDs) face high patient volumes, time-critical decision-making, and resource limitations. This article, based on a presentation delivered at the 31st Annual Scientific Sessions, explores the role, challenges, and future perspectives of AI in emergency medicine, with a specific focus on its relevance to the context of Sri Lanka.

Emergency Medicine: A Complex and Dynamic Environment

Emergency departments are the frontline of hospital care, handling a wide variety of cases with limited time for clinical decision-making. These units are often overcrowded and require coordinated teamwork under significant pressure. In such a high-stakes setting, AI offers potential to improve efficiency, safety, and clinical accuracy.



Source: <https://doi.org/10.1016/j.acepjo.2025.100051>

Key Applications of AI in Emergency Medicine

1. Self-Triage and Prehospital Assessment

Mobile applications and symptom-based assessment tools are increasingly guiding patients before hospital arrival. However, these tools face limitations due to a lack of clinical validation and transparency in their algorithms.

2. Prehospital Emergency Care

AI supports call handling, triage, GPS tracking, and initial data collection during prehospital care. These innovations enhance response time and decision support even before the patient reaches the ED.

3. Triage at Emergency Departments

AI-powered triage tools assist in categorizing patients based on urgency. By supporting overburdened nursing staff, AI can streamline workflow and reduce misclassification of cases.

4. Clinical Decision Support

AI systems are being applied to interpret ECGs, imaging, and lab results, support treatment decision-making, and guide disposition planning. Descriptive studies from Sri Lanka have demonstrated applications in arterial blood gas interpretation, sepsis prediction, and burnout risk assessment among healthcare professionals.



Challenges in Implementation

While promising, the adoption of AI in emergency care is accompanied by multiple challenges, including ethical concerns, legal accountability, data privacy, and algorithmic bias. The need for robust validation, quality assurance, and transparent approval mechanisms remains paramount. Furthermore, low health literacy and resource limitations in low-income settings can hinder effective implementation.

Future Perspectives and Local Application

Looking forward, AI is expected to evolve from a predictive tool to a full-fledged decision support partner. As algorithms improve and datasets become richer, emergency care can become more personalized, automated, and efficient. In countries like Sri Lanka, integrating AI will require targeted investments in training, infrastructure, and public engagement.

Conclusion

Artificial Intelligence is already making a measurable impact on emergency medical practice, particularly in prediction and monitoring. To realize its full potential, especially in resource-limited settings, a focus on data integrity, ethical implementation, and stakeholder training is essential. As the field evolves, AI may soon become an indispensable part of clinical decision-making in emergency medicine.

References

Moira E. Smith MD, MPH et al Artificial Intelligence in Emergency Medicine: A Primer for the Nonexpert, JACEP Open access 2025

Gabrielle Chenais, Emmanuel Lagarde, Cedric Gil-Jardine. Artificial Intelligence in Emergency Medicine: Viewpoint of Current Applications and Foreseeable Opportunities and Challenges. Journal of Medical Internet Research, 2023, 25, pp.e40031. 10.2196/40031



Recent SLCEP activities with pictures



Public awareness and capacity building

Proficiency in Basic Life Support and first aid is integral to the effectiveness of an emergency care system. SLCEP organize monthly volunteer outreach training program of Basic Life Support and First Aid since its inception. Here are some captures of May 2025 in a similar community outreach training at Ananda College, Colombo 10.



SLCEP ALS 24

23rd of May 2025



SLCEP ALS - 23

26th April 2025 @LRH

POCUS workshop

POCUS is vital in acute and Emergency care set up. SLCEP proud to be part of organizing national wide POCUS workshop for healthcare professionals. Please contact our POCUS team to book a slot for your training



Advanced Life Support training

Advanced life support one day provider course by SLCEP marked their 25th successful session on May 2025 and moving forward.

Visit www.slcep.lk and become an ALS provider for our healthcare, guided with Australian and European resuscitation standards



TRICI 2025

ATRICI – Sri Lanka 2025 – Back in Action After 5 Years!
A Proud Initiative by SLCEP in Collaboration with TRICI

The Sri Lanka College of Emergency Physicians (SLCEP) is proud to have successfully hosted the Transport of the Critically Ill (TRICI) workshop on May 3rd and 4th, at the 1990 Suwaseriya Foundation Headquarters—marking the return of this vital training after a five-year hiatus.

This collaborative event between SLCEP and the TRICI team brought together 48 Emergency Medicine Registrars for two intensive days of high-impact, hands-on training in critical care transport.





Led by Prof. Rahul Goswami, with expert faculty from Singapore, the UK, and Australia, this workshop is part of SLCEP's continued commitment to advancing emergency care education and retrieval medicine in Sri Lanka.

Regional Sessions STAT 2025

Regional collaboration and improving the emergency care services regionally through training are always a vision of SLCEP. STAT 2025, a regional session in collaboration with Kaluthara clinical society was successfully conducted on 9th May 2025. Various clinical topics and current updates in emergency medicine were discussed.



SLCEP Monthly Clinical Forum

The Monthly Clinical Forum is a monthly educational platform designed to facilitate the sharing of clinical experiences, case discussions, and evidence-based practices among healthcare trainees of Emergency Medicine and other Medical Officers. It serves as a collaborative environment for multidisciplinary learning, fostering continuous professional development and improved patient care. Each session features presentations, interactive dialogue, and critical analysis of current clinical challenges and innovations. SLCEP proudly organize every month with the support of Emergency Physicians and which can be accessed virtually from all over the country.

SLCEP
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Monthly Clinical Forum - July
MIND IN MAYHEM:
A DEEP DIVE IN TO HYPERTENSIVE
ENCEPHALOPATHY

**THURSDAY
31 JULY 2025** **TIME 1200 - 1400**

PHYSICAL PARTICIPATION: NEW OPD BUILDING 1ST FLOOR AUDITORIUM - NISL
ONLINE CLASSROOMS: NH GALLE / NH KANDY / TH ANURADAPURA /
TH PERADENYA / TH JAFFNA / TH BATTICALOA / TH KALUTHARA

STEP INTO A THOUGHT-PROVOKING DISCUSSION THAT COULD TRANSFORM YOUR APPROACH TO
EMERGENCY CARE!

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1.5 CPD POINTS

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Monthly Clinical Forum - JUNE
To Clot or Not to Clot
A TRAGIC DILEMMA IN
EMERGENCY
ANTICOAGULATION

**THURSDAY
26 JUNE 2025** **TIME 1200 - 1400**

PHYSICAL PARTICIPATION: NEW OPD BUILDING 1ST FLOOR AUDITORIUM / NISL
ONLINE CLASSROOMS: NH GALLE / NH KANDY / TH ANURADAPURA /
TH PERADENYA / TH JAFFNA / TH BATTICALOA / TH KALUTHARA

STEP INTO A THOUGHT-PROVOKING DISCUSSION THAT COULD TRANSFORM YOUR APPROACH TO
EMERGENCY CARE!

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1.5 CPD POINTS

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Monthly Clinical Forum
When the Irregular Rhythm Meets the Unexpected
A COMPLEX AF CASE
EXPLORED

**THURSDAY
29 MAY 2025** **TIME 1200 - 1400**

PHYSICAL PARTICIPATION: NEW OPD BUILDING 1ST FLOOR AUDITORIUM / NISL
ONLINE CLASSROOMS: NH GALLE / NH KANDY / TH ANURADAPURA /
TH JAFFNA / TH BATTICALOA

STEP INTO A THOUGHT-PROVOKING DISCUSSION THAT COULD TRANSFORM YOUR
APPROACH TO EMERGENCY CARE!

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1.5 CPD POINTS



Single Best Answer Questions

01. A 26-year-old nursing staffs from a medical ward presented to AE as she sustained a prick injury while inserting a cannula into a patient who is being treated for cellulitis around groin region. The source patient is an IV drug user and he was investigated for unknown liver pathology recently. Her observations are unremarkable. Which one of the following is the next step of management?

- a) You must get consent from the source patient to do a blood test
- b) Asks the staff nurse to get support from the patient to do a blood test
- c) Collect blood from patients without consent
- d) You explain the situation to the family members and get approval for a blood test
- e) Asks the doctor working in that unit to get consent from the patient to do a blood test

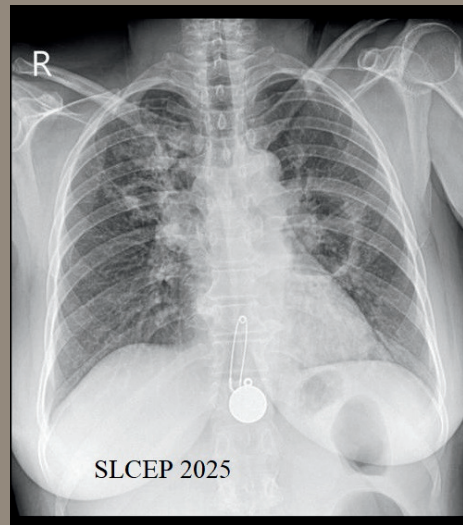
02. You were called to the resuscitation room as there was a 34-year-old lady who was brought by 1990 ambulance team with active labour. When you arrived, you noticed she had just delivered a baby, and the obstetrics team was on the way to look after her. Unfortunately, the neonatal team will be late as they are dealing with an emergency in the neonatal unit. She is 36 weeks pregnant, and the nursing staff handed over the newborn to you and asked you to look after. She starts the clock and scribing. Which one of the following is the next step of management?

- a) Place undried in plastic wrap and radiant heat
- b) Place undried in plastic wrap and keep at room temperature
- c) Dry, wrap and stimulate and keep warm
- d) Dry, wrap and keep warm
- e) Dry and keep in warmer

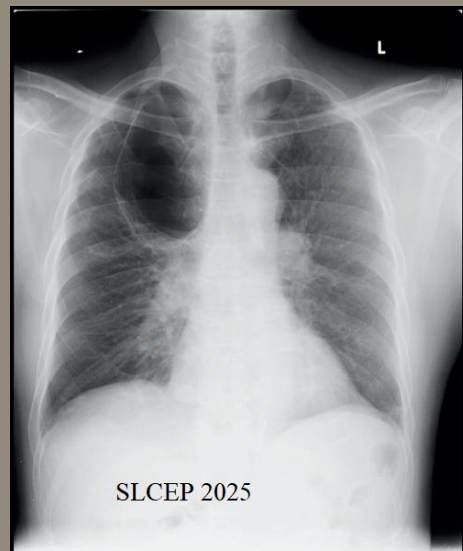
03. A 54-year-old male was brought by 1990 ambulance following a motor vehicle collision. The mechanism of injury was documented as his car was going slowly at 45 kmph, and it was hit by another vehicle travelling at 80 kmph. He did not suffer any significant injuries except neck pain, as his neck flexed sharply forward during the accident and numbness in his hands and legs. On examination, you noted the loss of sensation in the upper and lower limbs, more in the upper limbs, with reduced power. Which one of the following explains the neurological findings?

- a) Central cord damage
- b) Brown Sequard damage
- c) Anterior cord damage
- d) Posterior cord damage
- e) Spinal shock

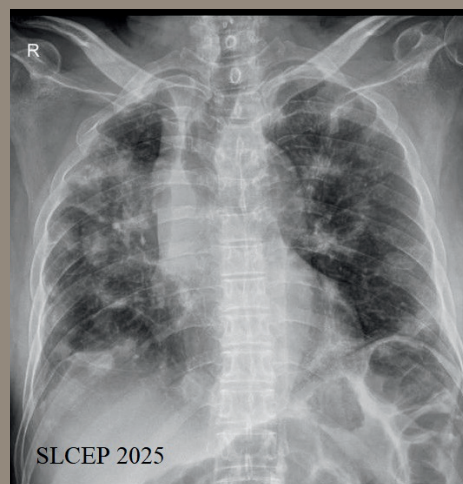
A 60-year-old lady presented with cough and fever for last two weeks.

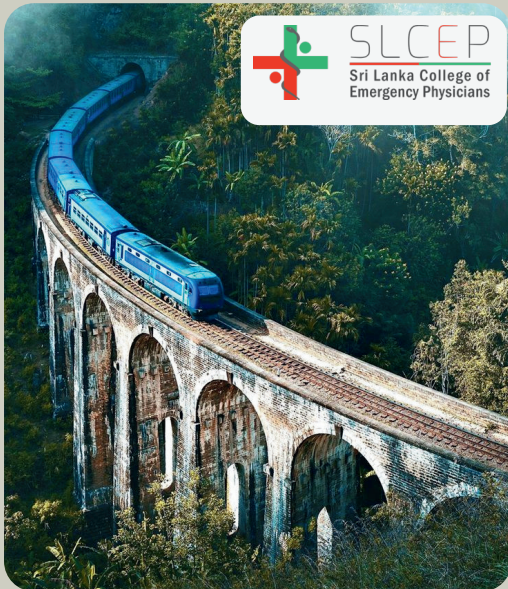


A 75-year-old gentleman presented with shortness of breath. He is known to have COPD



A 63 year old lady with breast carcinoma presented with fever and shortness of breath





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