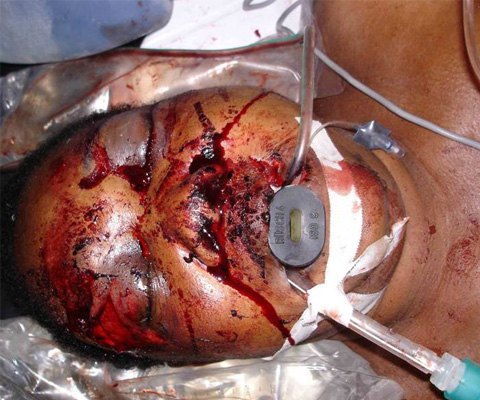
# Anaesthetics SAQ 1

# Rebecca Day

**Pre-Accident (patients Employment ID Card)**



**Post Intubation in ED**



**A 24 year old woman is BIBA after being involved in a head on MVA at high speed. She was the unrestrained driver travelling at high speed. She was agitated and confused (GCS 10), with Cspine precautions in situ on arrival.**

Observations PRE-INTUBATION

P 130

BP 90/60

Sats 91% (FI02 1.0)

RR 28

Temp 35.6

**Question 1**

The decision is made to intubate. What are the factors that will make safe intubation with an RSI more difficult in this case ? (Max 6 – BOLD necessary)

**- Preexisting Micrognathia**

- Obesity

- Facial swelling and deformity - ?Le Fort fractures/swollen tongue

- Potential for foreign material in airway – teeth/blood/secretions

- CSpine immobilisation hindering optimal airway positioning

- Agitation hindering attempts to preoxygenate/physically control

- Hypotension, presumabley due to hypovolaemia, likely to be exacerbated

- Hypoxia will be exacerbated during RSI

- Potential for full stomach/gastroparesis and aspiration

**Question 2**

State the measures that you will employ to improve your chances of successful first pass intubation without complications? (Max 7)

-Adequate suction available/presuctioning of airway – x2 wide bore yankeur suckers (1)

- Use of video-laryngoscopy (1)

- Fluid/blood bolus to improve hypotension (1)

- Delayed sequence intubation with ketamine to gain control of situation without compromising airway reflexes (1)

- Sensible choice of anaesthetic agent e.g Ketamine (1)

(- Alternatively can use vastly reduced dose of other agent e.g. propofol or thiopentone – controversial) (1/2)

- Preoxygenation with a well fitting bag valve mask and FI02 1.0 (1/2)

- Apnoeic oxygenation with high flow nasal prongs at 15L/min flow (1)

- Orogastric insertion and suction of gastric contents (1)

- Have smaller sized ETT available in case of airway swelling (1/2)

- Ensure that an experienced anaesthetist is available in the resus room if possible (1/2)

-

**Question 3**

First pass intubation appears successful, how will you confirm the correct position of the ETT? (Max 3 – Bold necessary)

**- End tidal CO2 measurement/colorimetric device**

- Fogging of ETT

- Chest wall rise and fall in bagging

- Equal breath sounds bilaterally inc axillae

- Absence of breath sounds over gastric area on bagging

**- CXR**