

EM Basic- Airway Update Screencast

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High flow Oxygen

Guess what 15 LPM via non-rebreather mask doesn't equal 100% FiO₂
-More like 60-70% FiO₂

Solution: Crank up the regulator past 15 LPM (opened all the way) to 30-60 LPM = 90% FiO₂

Patient Positioning

Ramp up the patient- ear to sternal notch
Takes the weight off the patient's chest and allows them to breathe easier- also gives better view during intubation

Apenic Oxygenation

Nasal Oxygen During Efforts to Secure A Tube (NO-DESAT)

Why do we take away oxygen from people we are intubating?

Solution: Apply a nasal cannula at 15 LPM just before and during intubation- oxygen passively diffuses into bloodstream- only your sickest patients will desat (it's like magic!)

Delayed Sequence Intubation (DSI)

Problem: Hypoxic patient who is combative or won't tolerate oxygen mask or BiPAP- what to do?

DSI = Procedural Sedation for pre-oxygenation

Ketamine 1-2 mg/kg IV -> Preoxygenate patients preferable w/ BiPAP -> Push paralytics -> Intubate the patient

If patient improves after ketamine and BiPAP, can consider holding off on intubation if patient is clinically improved

Bougie Aided Cricothyrotomy

Problem: Bougies are usually a bloody mess- pretty much a blind procedure

Youtube video by same name

Make usual cric incision -> use finger to dilate hole -> insert bougie into trachea -> confirm tracheal clicks and hold-up -> use this to pass bougie until balloon on the endotracheal tube is just under the skin

Is RSI always the best option? What about upper airway obstruction

If you paralyze the patient with an upper airway obstruction you risk losing their airway

One option- awake cric- give ketamine -> local anesthesia (lido with e to decrease bleeding) -> proceed with cric

Another option- the double set-up for anticipated difficult airway
Try an attempt from above but with another provider at the patient's neck with the cricothyroid membrane palpated and prepped to go for cric at a moment's notice if the airway can't be secured from above

Being prepared

Address critical equipment and medications before you need them

Do you always have a scalpel in your pocket in case you need to do a surgical airway?

Where's your BiPAP? Where's your IO device?

Where is your TPA? Where is your Digibind

VL vs. DL

DL is probably better for foreign body removal

VL gives great views but hyperangulated blades (like on the glidescope) can mean it takes longer to physically pass the tube

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