

CODE: A10
 Question: Airway Type: Emergent Author: Dr. R. Etches

Opening Scenario:

Called to PARR to see a 63 year old man who has just had a GA for EUA and biopsy of a laryngeal tumor. Now the patient is sitting up, with inspiratory stridor, obviously anxious. What is your approach to this patient?

Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:

On history, a heavy smoker. An MI two years ago, now with occasional exertional angina. No allergies. On metoprolol bid with NTG pm. Complained of mild SOB with exertion preop, but no stridor. His anesthetic was uncomplicated, the anesthetist inserted a 6.0 ETT. The patient was initially OK in RR, but over the last 10 minutes has had steadily increasing stridor.

Major decision points (major decision points or options which must be recognized by the candidate)

Acute management: Oxygen, racemic epinephrine, Heliox. Preparation for OR: Contact surgeon, trach and rigid bronch setup, selection of tubes, stylets. Recognition of underlying cardiac disease. Choice of GA or awake trach/awake intubation.

Any follow-up information required to lead to the end of the question

Patient agrees to an awake trach. In the OR, the nurses are prepping the patient when he suddenly coughs up some blood and totally obstructs. What now? (Laryngoscopy and small tube unsuccessful, but rigid bronch or cricothyrotomy done by surgeon works).

Critical features to be included i.e. the *must* have to pass the question or to be considered *completely unacceptable*

Must consider basic supportive measures. *Must* contact surgeon promptly and prepare OR appropriately. *Must* have surgeon in OR, regardless of technique chosen. *Must* consider awake technique as first choice.

Ref: RC EXAMAT FORM June, 95
 USED:
 Last Revision: 95/10