

CODE: A3
Question: Airway

Type: Emergent

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Opening Scenario:

21 year old girl. Extraction of wisdom teeth 5 days ago. Has developed large abscess at angle of mandible, unresponsive to antibiotics. Very ill. Dental surgeon wants to do a drainage/decompression procedure under general anesthesia.

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

-H_x -completely well previously.
- Px - I.V. with D5W running.
- VIS - T= 38° HR = 140 BP = 95/60
- Large abscess angle of mandible, opening limited to 2 cm.
- LAB - Hb 150 WBC 25000
On attempt to topicalize airway, pat. cannot open mouth

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

1. Need to assess hydration, and rehydrate.
2. Possible full stomach.
- 3 ? Consider local anesthesia at site of surgery.
4. Absolute need to establish airway with patient awake.
5. Awareness of potential distortion of airway, potential for rupture of abscess.

Any followup information required to lead to the end of the question

SCENARIO: (either)

- a) ET inserted nasally through fiberoptic laryngoscope. It won't negotiate vocal cords. What do you do? (Answer - rotate it).
- b) Nosebleed 2° to nasal F.O.B.

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

1. No muscle relaxants prior to intubation.
2. Blind nasal contraindicated.
3. Recognize risk of extubation at end of case.

Ref.RCEXAMAT.EXAMS.October, 95

Used: 94/06

Last Revision: 95/10