

CODE: N9

Question: Neuroanaesthesia

Type: Urgent

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Opening Scenario:

You are asked to see an uncooperative 57 year old patient who the neurosurgeon suspects has a subarchnoid haemorrhage. He is in the neuro suite for CT scan.

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

Patient has long standing chronic hypertension treated with beta-blockers. He woke up this morning with severe headache and vomiting and was seen in the emergency where diagnosis of subarachnoid haemorrhage was considered. His blood pressure is 170/98, heart-rate 76 per minute and respiratory rate 24, EKG shows S-T wave changes. He was given 3 mgs of midazolam by the radiologist.

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

The urgency of the situation: thorough evaluation of airway, cardiopulmonary status, neurological state and especially increased ICP. The problem of minimizing further bleed, increased ICP, etc. Monitors and type of induction. How to proceed if patient goes to OR for definitive treatment or to ICU. Management of possible myocardial ischemia.

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

Post induction - significant ST depression in lateral chest leads with VPB's.
BP 160/90 HR 75. Treatment?

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

The candidate must evaluate this patient thoroughly but not waste time. Should have understanding of subarachnoid haemorrhage and the conflicts one faces with the management eg. hyperventilation, the important of haemodynamic control, the various grades of severity of subarchnoid haemorrhage, thee management of ICP in this setting and if the patient is not going to have surgery what maneuvers to use to wake him up in the ICU without causing major haemodynamic disturbance.

Ref: RCEXAMS2.NOV.94

USED:

Last revision: 95/10