CODE: P2

Question: Pediatrics **Type:** Emerg **Author:** Dr. R. Covert

Opening Scenario:

5 y.o. 16 kg fell at birthday party. Lacerated R eyelid and probably globe, although complete examination not possible. For EUA and repair. Child is asthmatic, on theophylline and ventolin nebulizers. Presently: crying few wheezes. BP 100/60 HR 120.

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

Premorbid state of asthma: moderately severe but controlled.
No hospitalizations
No other significant hx.
Hb normal for age.

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

Preop optimization (full stomach/asthma) vs urgency of surgery (open eye)
Method of induction given full stomach/asthma/open eye/uncooperative 5 year old (Sux? Inhalation)
Method of emergence given above.

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

Just after surgery begins, difficult to bag with severe bilateral wheezing, ↑ $ETCO_2$, (flat → upslope) O_2 sat 90 on 100% O_2

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

Must have approach to uncooperative 5 year old in face of open eye.
Must consider multiple factors (full stomach/asthma/open eye) in defending techniques chosen for induction and emergence.

Ref.RCEXAMS2.NOV.94
USED:

Oral Midazolam → cooperation
Early EMLA.
N_2O/O_2 for IV   Don from Muscle Relaxant.
Pre O_2 | RSI c̄ CP / Propofol Deep Anesthesia
vs. Wait until > 6hrs NPO
vs. Modified RSI c̄ CP Deep Volatile Anesthesia
Extubate Deep c̄ CP.
vs. Awake
Topical Anesthesia to Cords / IV L to ↓ Cough