Safe Practice In Managing The Emergency Anaesthetic

- Adequate Patient Assessment
- Optimum time for surgery established
  - Fasting
  - Facilities
  - Fatigue
- Local Anaesthesia may be the technique of choice
- Airway Management
- Recovering the Patient
- Post Operative Analgesia

Patient Assessment

- In addition to routine check.
  - Fasting / substance abuse
  - Time of accident
  - Cardiovascular Status
  - Pain Score
  - Laboratory tests – X match
  - X-rays/Scans
  - Speak to the surgical team

Optimum Time For Surgery

- Available theatre
- Emergency status
- Is it safe to do here and now?
- Fatigue of staff
- Intensive care Back up

Emergency Obstetric Anaesthesia

- Usually foetal or maternal distress
- Assemble Team
- Blood Available
- Choice of Anaesthetic
- Aftercare for mother and ? Premature Baby

Unexpected difficult airway

- Call for assistance
- Open the toy box (if you have one)
- Alternatives available in airway management
  - Wake the patient up
  - Bougie assisted intubation
  - Pharyngeal airway
  - Surgical airway
Local Anaesthesia

- **Limb Blocks**
- **Spinals – Hip Fractures**
  1. There are no outcome difference between GA and spinal anaesthesia.
  2. ASA 3-4 Patients have a much higher mortality.
  3. Spinal anaesthesia avoids confusion, does not exacerbate lung disease and reduces incidence of DVT’s.
  4. Ageing and drugs may obtund heart rate response to hypovolaemia.
  5. The elderly require equivalent analgesia but may not complain as much.

Axillary Block

Interscalene Block

Femoral Block

Bier’s Block
Anaphylaxis
- Signs:
  - Skin changes
  - Respiratory changes
  - Cardiovascular changes
- Diagnosis
- Treatment
- Proceed to surgery?
- Follow-up

Malignant Hyperthermia (MH)
- Know who is susceptible
- MH is more likely with:
  - Diagnosed MH susceptibility
  - MH susceptible relatives
  - Duchenne’s muscular dystrophy
- Signs:
  - Tachypnoea, raised ETCO2
  - Rapidly developing tachycardia
  - Unstable BP
  - Mottling of skin
  - Profuse sweating
  - Rapid rise in body temp
  - Fasciculations +/- rigidity

Malignant Hyperthermia (MH)
- Management:
  - Stop the TRIGGER
  - Give DANTROLENE as a priority
  - Treat life threatening effects –
    - Cool the patient
    - Treat acidosis (& hyperkalaemia)
    - Treat arrhythmias
  - Monitoring and further management

Epidural 1

Epidural 2

Epidural 3
Airway Management

- Assessment
- Protection – rapid sequence
- Cervical spine injuries

Laryngospasm

- Patients most likely
  - Pre-op/post-op
- Management
  - CPAP
  - Jaw thrust
  - Re-intubation

Recovering The Patient

- Don’t go home until:
  - Patient stable
  - Adequate, clear on going management plan.

Post Operative Analgesia

- Local Anaesthesia
- PCA
- Epidurals
- Ventilation

Preparation Of The Critically Ill For Transport

- Organising transport
- Preparing the patient
- Cervical spine
- Airway
- Breathing
- Circulation
- Neurological Deficit
- Heat Loss

Helicopter FROM THE INSIDE
FINALLY UNDER WAY