

## Difficult intubation Scenario 4

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### *Aims*

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- Putting into practice an RSI, difficult airway and can't intubate/ can't ventilate situation
- Human factors
- Practical issues

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### *Faculty Brief*

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Mr George Brown is a 46-year-old man with pancreatitis who has been on the ICU for 2 days. He has been becoming more SOB throughout the past 24 hours. The day team were hoping to avoid intubation however handed over that he is looking like he might need it.

PMH - Generally fit and well

Medication - Nil

Allergies - Nil

Patients saturations will deteriorate during any attempt at intubation

Patients saturations will respond to BVM by FM and with LMA

The scenario will end when the patient is oxygenated with an LMA and a plan formed as to what to do next

Please ensure the candidates are aware of the aims at the beginning of each session. The feedback should focus on the human factors

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### *Further information*

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A – Maintained

B – RR 32, SAO<sub>2</sub> 90%, OXYGEN AT 15LITRES ON NON-REBREATHE, WIDE SPREAD BIBASAL CRACKLES

C – HR 110 NSR. B/P 120/90. IV ACCESS AND ART LINE PRESENT.

D – BM 5.2. PEARL. PATIENT RESPONDING TO VOICE BUT PAUSE EVIDENT BEFORE RESPONSE

E – NIL OF NOTE

## SAMI

	<b>Initial</b>	<b>During preoxygenation</b>	<b>During intubation</b>	<b>FM/LMA with BMV</b>
<b>SaO<sub>2</sub></b>	90-86%	93%	<80%	90%
<b>HR</b>	110	110	>140	110
<b>B/P</b>	120/90	120/90	100/80	100/80
<b>CO<sub>2</sub></b>				5.5KPa

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### *Student Brief*

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PMH - Generally fit and well

Medication - Nil

Allergies - Nil

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### *Equipment*

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- Sim man with iv cannula in situ
- Syringes (20ml, 10ml and 5ml)
- Needles for drawing up
- Drugs or water/ N.saline (depending on the level of fidelity of the Sim man, access to drugs and local protocol)
- ETT x2
- Bougie
- Gel
- Suction
- 10ml syringe
- Scissors
- Face mask
- Waters circuit
- Guedel airways
- Tie
- Monitoring, including capnography
- Copy of B@EASE checklist
- Copy of difficult airway algorithms
- Difficult airway trolley
- Drugs for intubation, drawn up and labelled