

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is centered in the white space between these shapes.

American Society of
Anesthesia Technologists
and Technicians
Q2 Webinar June 22,
2024

Our Patient

- ▶ 53 year old male, coming from the ED with perforated bowel.
- ▶ Height 5'8" Weight 135kg
- ▶ BP 130/85, Temp:100.5 PO, P:80, RR:20, RA Sat 96%
- ▶ Labs Hgb 14.2, Glucose 235
- ▶ NPO since 1800 yesterday
- ▶ PMH: HTN, DM II, Obesity, OSA, High cholesterol, GERD, current smoker. A cardiac workup done 1 year ago shows mild, diffuse disease
- ▶ ER Access: 22g R antecubital
- ▶ Meds: 1mg of Dilaudid

Anesthesia Decisions: ASA Classification

- ▶ ASA 1 - Healthy
- ▶ ASA 2 - Mild systemic disease
- ▶ ASA 3 - Severe systemic disease
- ▶ ASA 4 - Severe systemic disease that is a constant threat to life
- ▶ ASA 5 - A moribund person who is not expected to survive without the operation
- ▶ ASA 6 - A declared brain dead person whose organs are being removed for donor purposes.

* If the surgery is an emergency, the physical status classification is followed by “E” (for emergency) for example “3E”

A.

Class I



Class II



Class III



Class IV



B.

Grade I



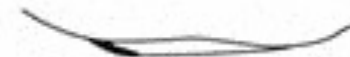
Grade II



Grade III



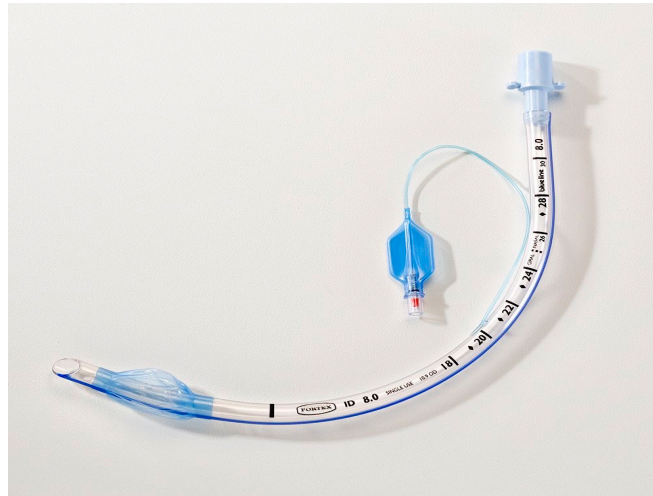
Grade IV



▶ Difficult Airway?



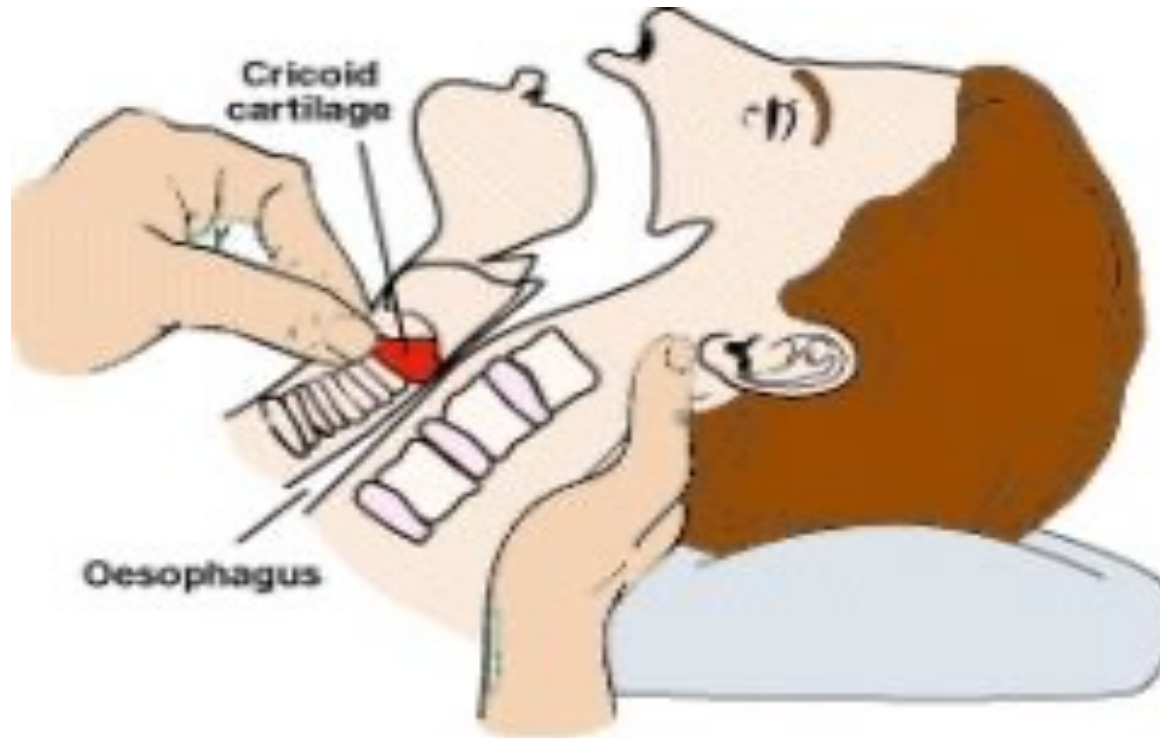
▶ LMA VS ETT?



“Full Stomach”

- ▶ GERD/Hiatal Hernia
- ▶ Pregnancy
- ▶ Morbid Obesity
- ▶ Recent use of pain meds
- ▶ Bowel Obstruction
- ▶ Use of Glucagon-like peptide-1 agonists (Ozempic, Wegovy)
- ▶ Trauma victims
- ▶ Peritonitis
- ▶ Ascites
- ▶ Septic Shock
- ▶ Elderly Patient with Autonomic Dysfunction
- ▶ Diabetics with Autonomic Dysfunction/Diabetic gastroparesis
- ▶ Parkinson’s Disease
- ▶ Hypothyroidism
- ▶ Addison’s Disease
- ▶ Chronic Neuromuscular Disorder
- ▶ Esophageal abnormalities (achalasia/diverticula)

Rapid Sequence Induction



Aspiration Prophylaxis

- ▶ Pepcid (Famotidine)
- ▶ Reglan (Metoclopramide)
- ▶ Bicitra (Sodium Citrate)
- ▶ Robinul (Glycopyrolate)

Intravenous Access



IV Guidelines

- ▶ 1. Evaluate the type of procedure and patient position on the operating room table.
 2. Determine/Discuss if significant blood loss is anticipated, select IV gauge
- ▶ 3. Look at BOTH arms to assess best cannulation site.
- ▶ 4. Place IV, start distal and work proximal (start low, then go higher)
- ▶ 5. Use antecubital vein as last resort if no other sites are viable
- ▶ 6. If in doubt, phone a friend!

Supine



Lateral



Prone



Beach Chair or Semi-Fowlers



Obstructive sleep apnea and CPAP



Intra-operative Concerns



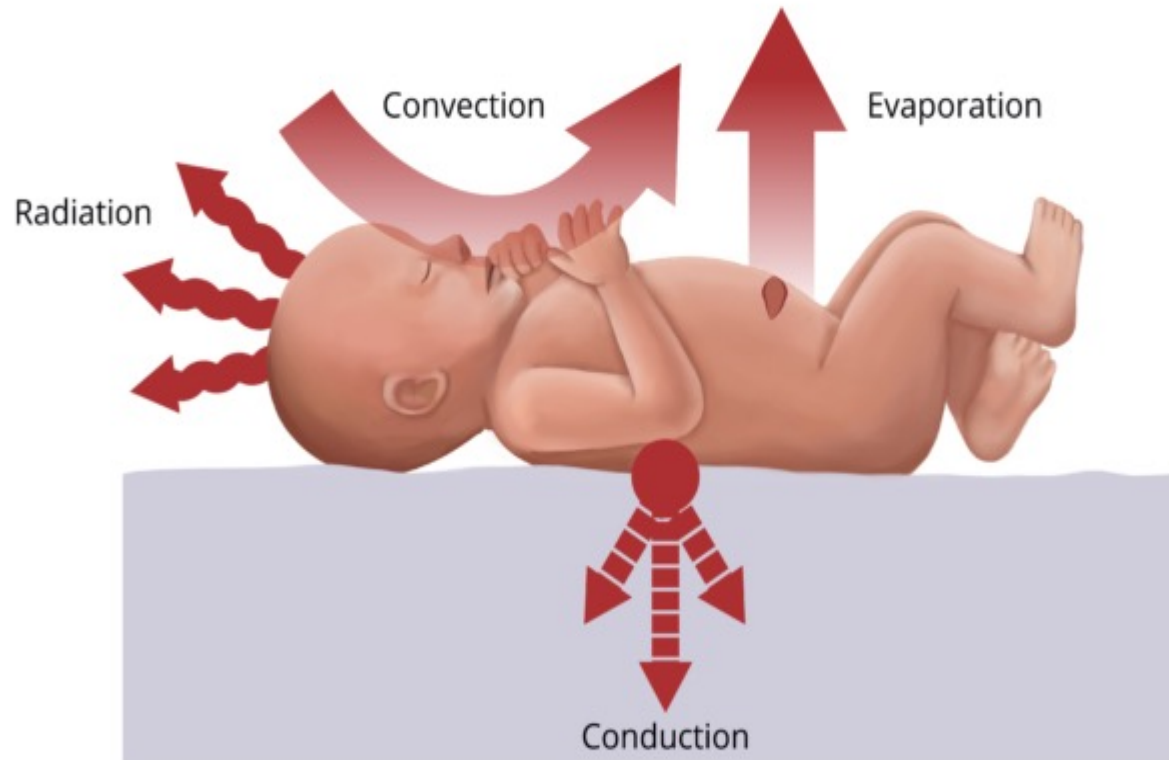
Rapid Sequence Induction and Intubation



Thermoregulation

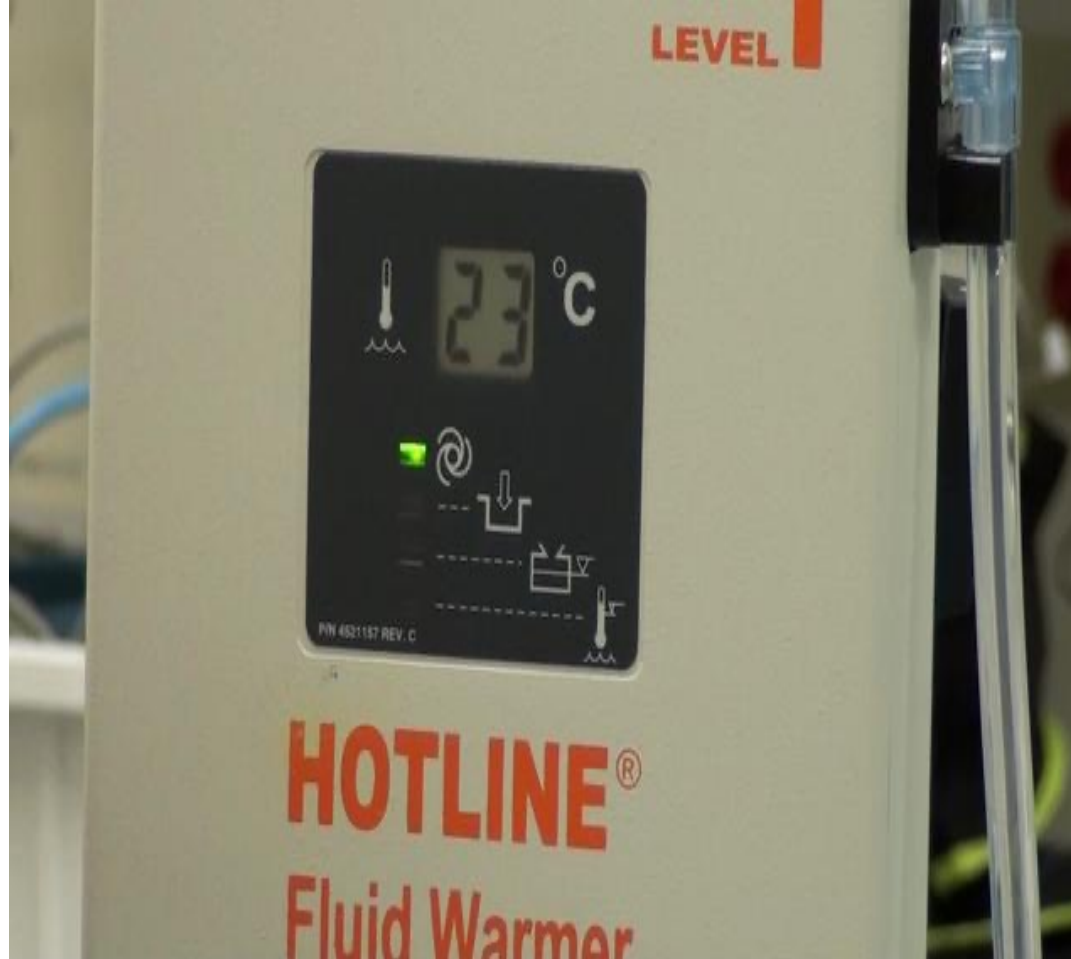
Radiation 40%, Convection 30%

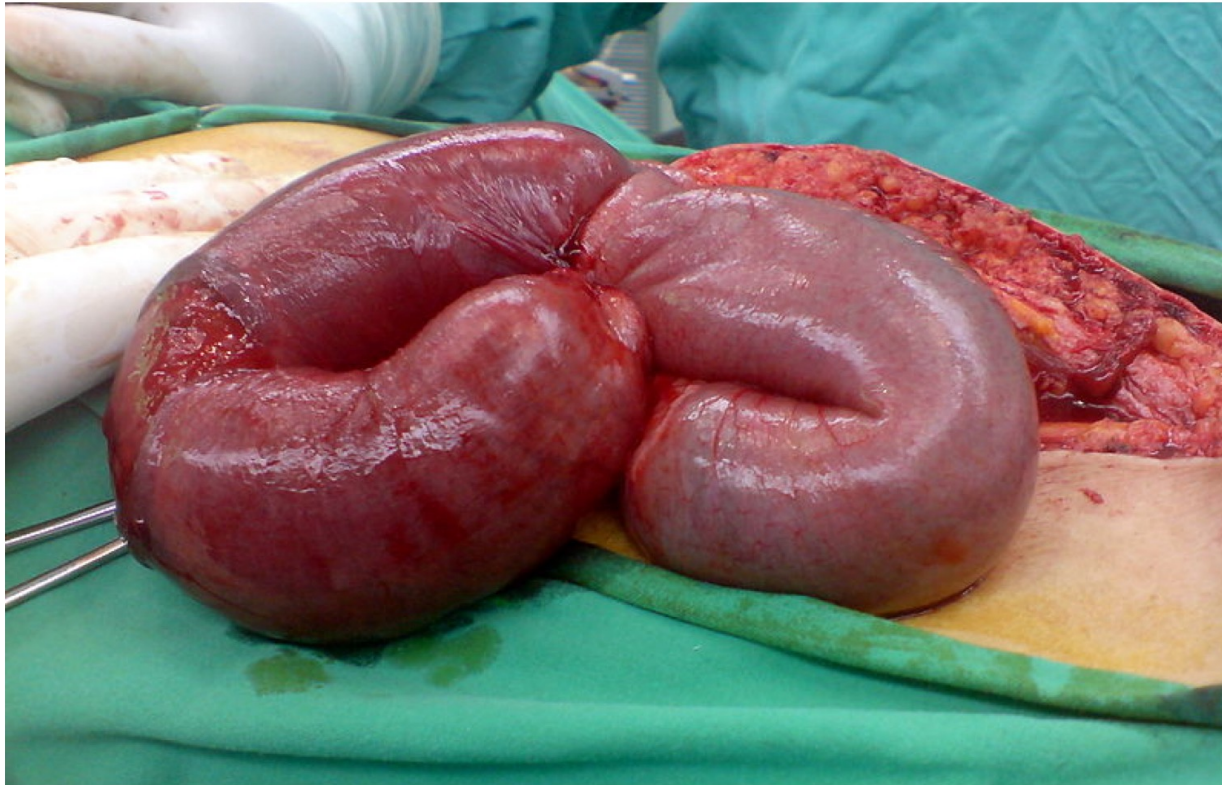
Evaporation 5-15%, Conduction 5%



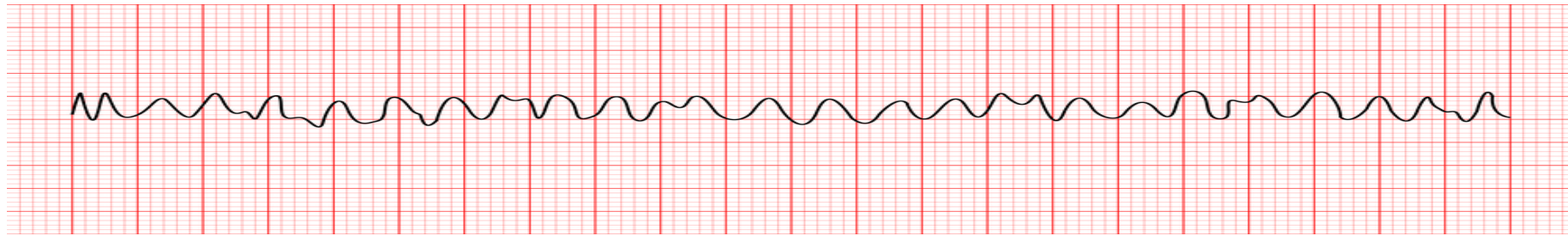
Consequences of Hypothermia

- ▶ Increased bleeding, coagulopathies
- ▶ Longer recovery times due to altered drug metabolism
- ▶ Postoperative shivering and increased oxygen consumption
- ▶ Myocardial ischemia and arrhythmias
- ▶ Discomfort
- ▶ Delayed wound healing
- ▶ Increased rate of surgical wound infections
- ▶ Longer hospital stays
- ▶ Death





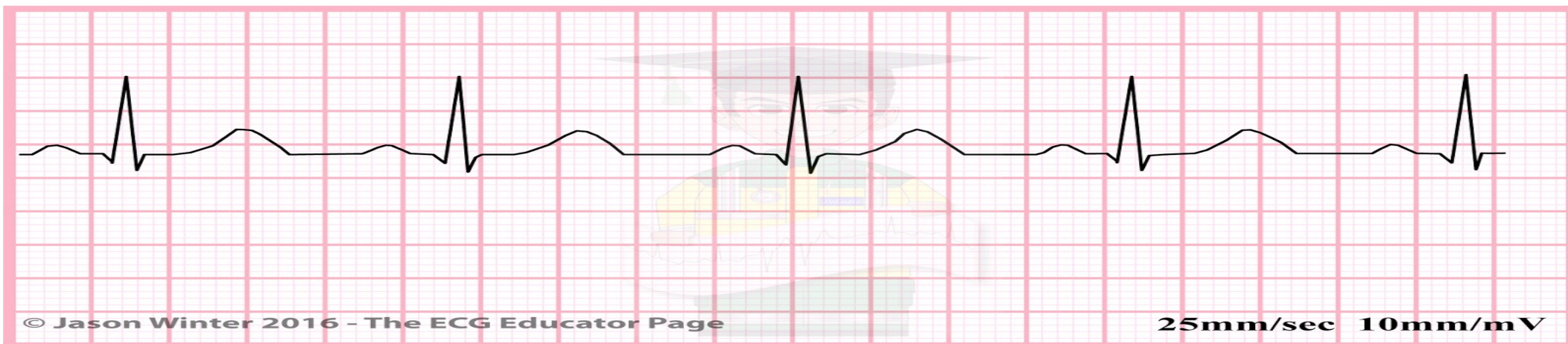
Ventricular fibrillation



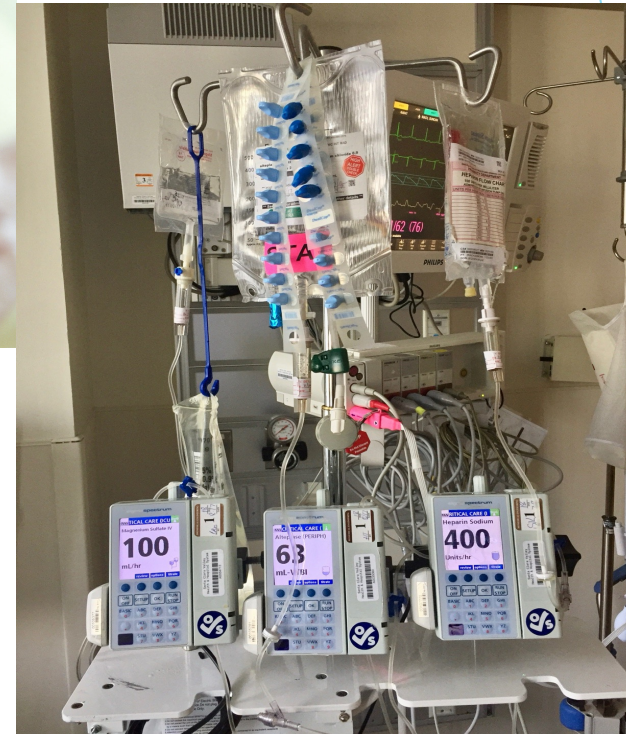




Normal Sinus Rhythm



Postoperative Care



Other topics of concern

- ▶ Oral Airways
- ▶ Why is a patient with a difficult airway a postoperative concern?
- ▶ Why is my intubated patient on a propofol drip?
- ▶ Vasoactive medications: Phenylephrine, Ephedrine, Dopamine

