



Round : Anesthesia- Lecture 1

Group no : B3

Done By : Fatima Abu-Assal

✨ BMV :

The first step in airway management essential rescue maneuver when the attempt at intubation fails(induction)

Contraindications :cardiac arrest (start yes continue no), الباقي بنعرفه

✨ Larengoscope: to facilitate tracheal intubation during GA

■ Straight blade: (miller) ال للصغار ويصل خلف ال epiglottis ,

■ curved blade(Macintosh) ال للكبار و يصل لحد ال Vallecula epiglottis قدام ال

Two types: 1-direct laryngoscope ,rigid ,not used for diagnostic purpose

2-Fiber-optic larengoscope: flexible, conscious patient in clinics, diagnostic purpose, in difficult intubation, or uncontrolled gag reflex.

Video laryngoscope is a specialized fiber-optic Larengoscope that use a digital video camera

✨ tracheal intubation:

Indications: To deliver anesthetic gases , control of ventilation

GCS<8, malignant hyperthermia muscle spasticity , risk of aspiration

As a prophylaxis: in local neck hematoma ,epiglottitis, airway burns,uncooperative patient needing urgent investigations

1-2-3 tests:مهم

✨ The normal distance between the tragus of the ear and the mandibular condyle is approximately one fingerbreadth in width (1cm)

✨ If the patient has < than 4 cm mouth opening or roughly less than 2 fingerbreadth distance between his teeth, there is a greater chance of difficulty on direct laryngoscopy and ETT placement.

✨ Thyromental distance < than 6.5 cm 3 fingerbreadth), there is an increase chance of difficulty on direct laryngoscopy and Intubation

Mallampati Score tests the difficult to endotracheal intubation(should be in a sitting position, head in a neutral position,) first 2 classes are easy intubation

Class 1: visualization of soft palate uvula anterior and posterior pillars

class2: soft palate uvula

Class3: soft palate

Class4:hard palate

✨ Normal neck mobility range: The cervical spine's range of motion is approximately 80° to 90° of flexion, 70° of extension, 20° to 45° of lateral flexion, and up to 90° of rotation to both sides.

✨ Oropharyngeal airway (guedal airway):rigid,pt should be uncon.,prevent tounge biting

✨ Nasopharyngeal airway: flexible, longer, cons, حرار in basal skull fracture, For F size 6, for M size 7

✨ ETT: establishing and maintaining a patent airway

■ The "size" of an endotracheal tube refers to its internal diameter ■

Cuffed: $\text{age}/4 + 3.5$ for adults اضيق نقطه عندهم glottis

Uncuffed: $\text{age}/4 + 4$ for children اضيق نقطه عندهم cricoid cartilage

depth: $\text{age}/2 + 12$ for $>1\text{yo}$ (20-22cm for adults) if less than 1 yr: $\text{weight}/2 + 8$

adult size F 7-M 8 / Neonates premature 2.5-3 mature 3-3.5

■ Preformed endotracheal tube: nasal (north facing) / oral (south facing)

■ Reinforced / armoured ETT: resist kinking What a bill for cranial, neck, eye surgeries

■ Double lumen: for esophagectomy thoracotomy **Thoracic surgery**

tracheal cuff (short) bronchial cuff (long)

Size for females 35-37, for males 39-41

■ Tracheostomy tube last choice **Damage in tracheal ring or not straight**

■ Tracheal button used in obstructive sleep apnea, wear this device during

waking hours and remove it while sleeping

■ Magill forceps: Guidance of nasal intubation (manipulate the tube)

■ Malleable stylet (for shaping): Administered inside kinkable tubes, very important in ER situations

■ Bougie (guidance): in difficult intubation

✨ Proper sniffing position aligns the external auditory canal with the sternal notch.

✨ One of the common mistakes made during laryngoscopy is not having control of the tongue. The tongue occupies a great deal of the surface

✨ Once the correct ETT position has been confirmed, the next step is to secure the tube in place to prevent tube migration and even extubation.

✨ Nasotracheal intubation indications: prolonged mechanical ventilation in ICU /

Contraindications: coagulopathy, ...

✨ LMA: has 8 sizes, Better inserted with propofol that depresses laryngeal reflex) or deep inhalation anesthesia, Doesn't need muscle relaxant for insertion, ادخل طالعه معك, Selection depends on weight not age, can be used 40 times

LMA reaches supraglottic

Indications: in simple short procedures that are not axial

Contraindications: prone position, c-section, pregnancy, ICU Pts

■ The major disadvantage is lack of mechanical protection from regurgitation and aspiration.

✨ GEL LMA: made from a medical grade thermoplastic elastomer, noninflatable