

TRAUMA AIRWAY MANAGEMENT

EMS: 73-year-old male s/p fall, not responding. UOA found Pt laying on ground, unresponsive, pulseless and apneic. Per bystanders on scene, Pt was standing on bumper of truck while a tree was being cut down, was struck by part of the tree and fell to the ground. **CPR was initiated, with OPA and BVM. Pt placed on monitor, with multi-function pads, showing PEA.**

Physical Exam: Pt HEENT remarkable for bruising noted around cheeks, **Pt has copious amounts of blood noted in airway**, no blood/fluids noted from ears/nose. Pt pupils equal, slow to react. Pt -JVD/TD. Pt chest wall intact, ABD soft, no rigidity or distension noted. Pt Pelvis stable. Pt extremities intact, with skin abrasions noted to upper arms.

Pt difficult to ventilate with BVM due to blood in airway. Pt IO established in left proximal tibia. Pt given Epi 1:10,000 x3 as noted. **Pt airways suctioned, with copious amounts of bright red blood and clots removed from airway. Attempted to pass ETT, unable to visualize the cords due to blood. #5 LMA placed, with ETCO₂ of 17, and positive waveform. Airway still difficult to ventilate due to blood in lungs.** Pt remained in PEA for duration of arrest,

DISCUSSION: Obstructive airways are always the most difficult to manage. Blood and emesis are a continued source of recurrent “fluid” that builds up as quickly as suction occurs. Often intubation is a blind attempt often looking for the “bubbles”. In these circumstances use your tools you already have at your disposal...and stay calm.

Suction: Place the suction and have another person hold it there so that you have a better look. If you have video laryngoscopy, both can visualize the back of the throat and allow for better visualization.

Bougie: Use the bougie as a stylet. If you can't see the vocal cord, see only part of the vocal cords or are following the “bubbles”, the bougie will allow you to slide the tube in if the bougie passes into the trachea and lodges at the base of the carina.

Supraglottic Tubes: These can secure the airway by sitting over the vocal cords. They can diminish blood flowing into the trachea, but it does not address any blood in the lungs...NEED TO SUCTION.

Final Thought: In this, we are looking at potential Cerebral bleed or spinal fracture as the cause. Difficulty ventilating could be due to blood in the lungs or First thought was blood in the lungs caused the problem. They may have been correct, but this is a trauma and you need to consider other causes such as a pneumothorax/tension pneumothorax or tube alignment/placement.

