

Quiz – 21st November 2018

1. List 6 potential late complications of tracheostomies.

Obstruction

Dislodgement/migration

Cellulitis around stoma

Stenosis – at the stoma site, balloon site or distal end of trache tube

Tracheomalacia

Tracheo-oesophageal fistula

Tracheo-innominate artery fistula

2. Outline your initial steps in the management of a patient bleeding heavily from their tracheostomy site.

Assume the worst – ie could be due to a trachea-innominate artery fistula

Call for help – ENT, anaesthetics

Suction +++

Inflate cuff to over 30mmHg in an attempt to compress the innominate artery

Could try digital pressure at sternal notch

IV access, blood products etc etc

>75% mortality

Consider palliation

3. List the steps involved in the management of the acutely behaviourally disturbed patient. With drug doses where indicated.

Firstly - attempt verbal escalation – listen, empathise, speak calmly & clearly

Secondly, if required- oral sedation – Olanzapine 10mg PO or/and Diazepam 5-20mg PO (or Chlorpromazine 100-200mg PO)

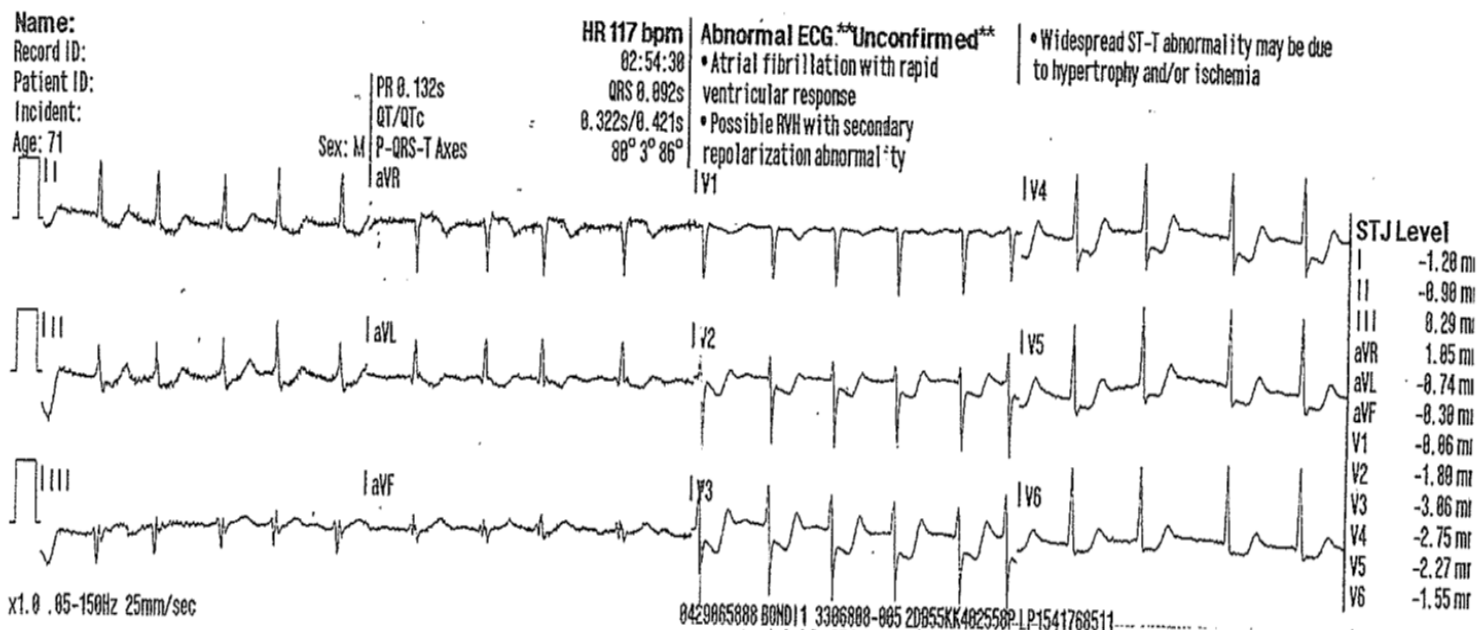
And lastly, if needed – Parenteral sedation – Droperidol 10mg IM or IV +/- Diazepam 10mg IV. Can give up to 20mg IV Droperidol. Second line would be Ketamine 1mg/Kg IV or 3-5mg IM.

See SVH ED sedation algorithm below.

4. What is the maximum amount of time a patient can be physically restrained prone? 3 minutes

5. How do you treat a patient suffering a dystonic reaction due to Droperidol? Benztropine 2mg IM or IV

6. Describe and interpret the following ECG.



Ventricular rate - irregular 88-120 bpm

No p waves

QRS – narrow, normal axis, no pathological q waves

STs – elevated in aVR

STs - depressed in leads V2- V6 and I, aVL and II

T waves – inversion in V1 and aVR (normal)

QTc – not prolonged

➔ AF with rapid ventricular response, widespread STD and STE in aVR - these changes are suspicious for left main coronary artery occlusion.

Adult (under 65 years or no diagnosis of organic cognitive impairment) sedation algorithm for patients with acute severe behavioural disturbances in the Emergency Department

