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-inominate 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-inominate artery fistula
Call for help – ENT, anaesthetics
Suction +++
Inflate cuff to over 30mmHg in an attempt to compress the inominate artery
Could try digital pressureat 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

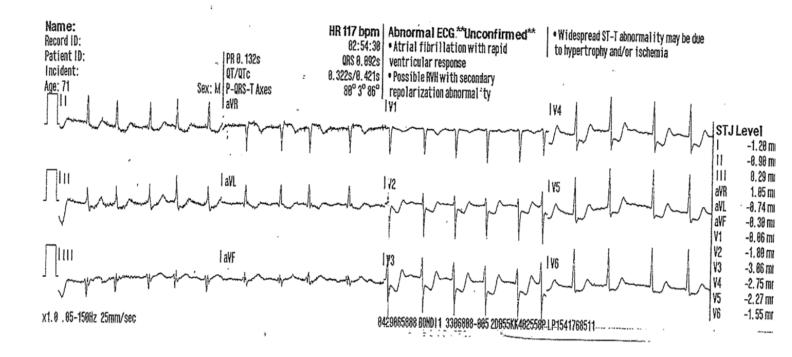
Secondly, if required- oral sedation – Olanzepine 10mg PO or/and Diazepam 5-20mg PO (or Chlorpromazine100-200mg PO

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.



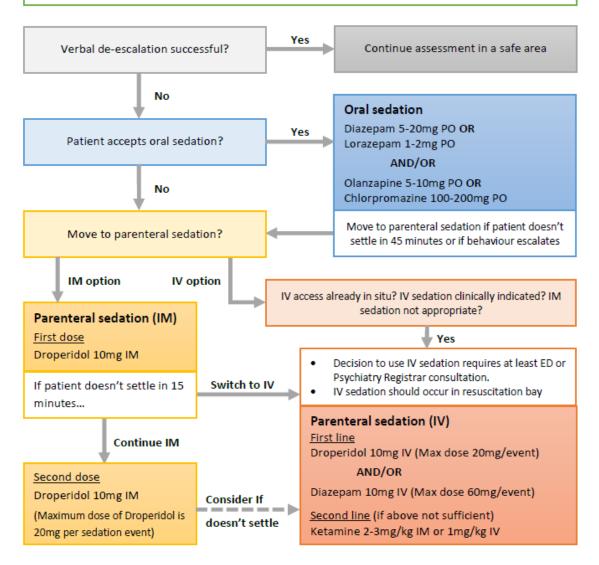
Ventricular rate - irregular 88-120 bpm
No p waves
QRS - narrow, normal axis, no pathological q waves
STs - elevated in aVR
STs - depressed in leads V2- V6 and I, aVL and II
T waves - inversion in V1 and aVR (normal)
QTc - not prolonged

→ 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

Restraint

- · When restraint required ensure nursing staff present to monitor airway & patient's physical condition
- · Avoid restraining patient in prone position as it places patient at high risk of respiratory arrest



Monitoring, dosage & side effects

- Continuous pulse oximetry & close observation is recommended for all patients until they are able to respond to verbal stimuli and monitor postural blood pressure 30 min post-dose when rousable
- Monitor ECG if using high doses of antipsychotics, particularly typical antipsychotics. Confer with ED or Psychiatry Consultant if patient not adequately sedated at maximum daily doses
- Lower doses should be considered in elderly, patients with low body weight, intoxication, ethnicity, dehydration or no previous exposure to antipsychotic medication
- Benztropine 2mg IM or IV may be required for acute dystonias: (Max 6mg/24hrs); Consider prescribing oral benztropine 2mg daily (2 doses) to any patient who has received droperidol
- · Typical and atypical antipsychotics can lower seizure threshold