QUIZ 15th April 2020 (answers below)

1.	What is an HME filter?
2.	What equipment is in our "airway grab bag" for COVID19 intubations?
3.	What is our COVID19 ventilation circuit?
4.	What are the initial Oxylog settings for ventilating a COVID19 patient?
5.	Describe and interpret the following ECG.

78years	
Male	

Vent. rate PR interval QRS duration 92 ms QT/QTc 544/524 ms P-R-T axes 9 121 *** Age and gender specific ECG anal 3 ***

Demand pacemaker, interpretation is seed on intrinsic rhythm

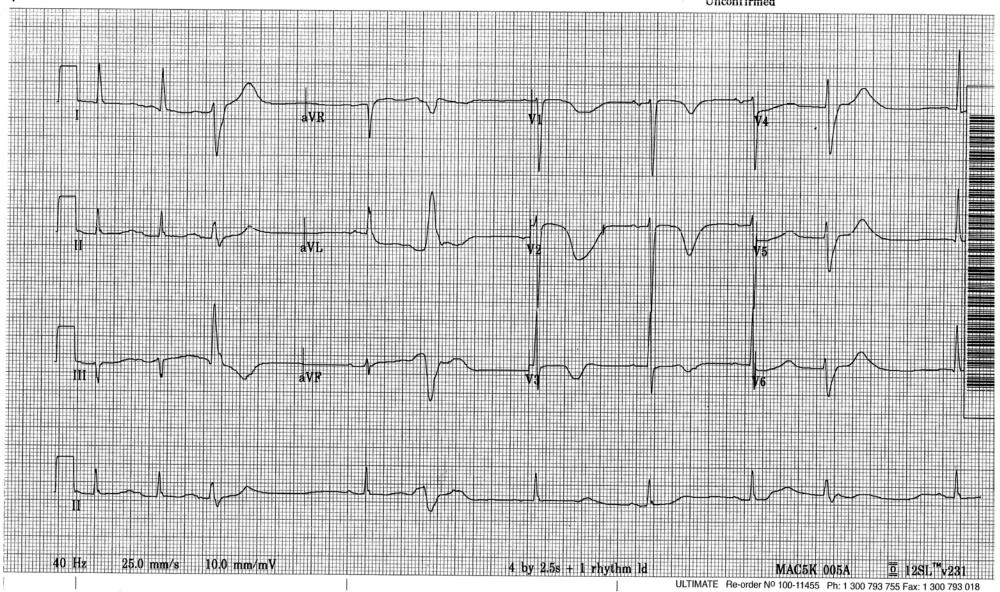
Sinus rhythm with 2nd degree AV block (Mobitz I) with premature ventricular complexes or fusion complexes

T wave abnormality, consider anterior ischemia

Prolonged QT Abnormal ECG

Test ind: ROUTINE





QUIZ answers 15th April 2020

1. What is an HME filter?

Heat and Moisture Exchange filters are passive humidification devices that work by not letting heat and moisture escape due to the hygroscopic salt embedded in the paper. They are used in a "dry circuit" as opposed to a "wet circuit" where moisture and heat is actively provided.

It is also called a filter because the paper folds filters out bacteria and viruses with 99.9% efficiency by direct impaction of particles >3um and Brownian diffusion collects virtually all the <3um particles.

2. What equipment is in our "airway grab bag" for COVID19 intubations?

Bluey

Kidney dish for dirty cmac blade

Sydpath bags to double bag dirty cmac blade

Bag valve mask with HME filter

Gauze to wipe bougie on withdrawal from ETT

Bougie

Trachy tape

20mL syringe

Clamp for tube if needed

NGT

NG drainage bag for free drainage

Anti-reflux valve

Size 4 LMA

Lubricant

1 x ETT #7 for female patients and 1 x ETT #8 for male patients

3. What is our COVID19 ventilation circuit?

ETT – Inline suction – ETCO₂ – Swivel – HME filter – Ventilator circuit – Oxylog

4. What are the initial Oxylog settings for ventilating a COVID19 patient?

SIMV Mode TV 5ml/kg RR 20/min P_{MAX} 35 cmH₂O FIO₂ 100% PEEP 10 cmH₂O

5. Describe and interpret the following ECG.

Rate ~53/min #2 PAC, #3 VEB, #5 VEB, #9 VEB

P waves Small

PR Normal

QRS Axis zero

ST segments Isoelectric

T waves Giant and inverted V1-3 with lengthening of terminal portion

QTc 676msec

→ Grossly prolonged QTc

Bradycardia

Giant inverted T waves with prolonged Tpeak to Tend Associated with increased risk of Torsades de Pointes

Causes of prolonged QTC

- Electrolytes Hypokalaemia, hypomagnesaemia, hypocalcaemia
- Medications antiarrhythmics, some antimicrobials,
- Congenital
- Hypothermia
- Ischaemia (modest increase in QTc only)
- ROSC post cardiac arrest
- Raised intracranial pressure

→ This patient was on a cardiology ward

- Amiodarone
- Hypokalaemia
- o Hypomagnesaemia
- o Commenced azithromycin.....