

AIRWAY MANAGEMENT

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Aims of airway management equipment...

- Keeping airways open
 - During spontaneous breathing
 - During artificial ventilation
- Interface for connection patient - machine 15/22 mm

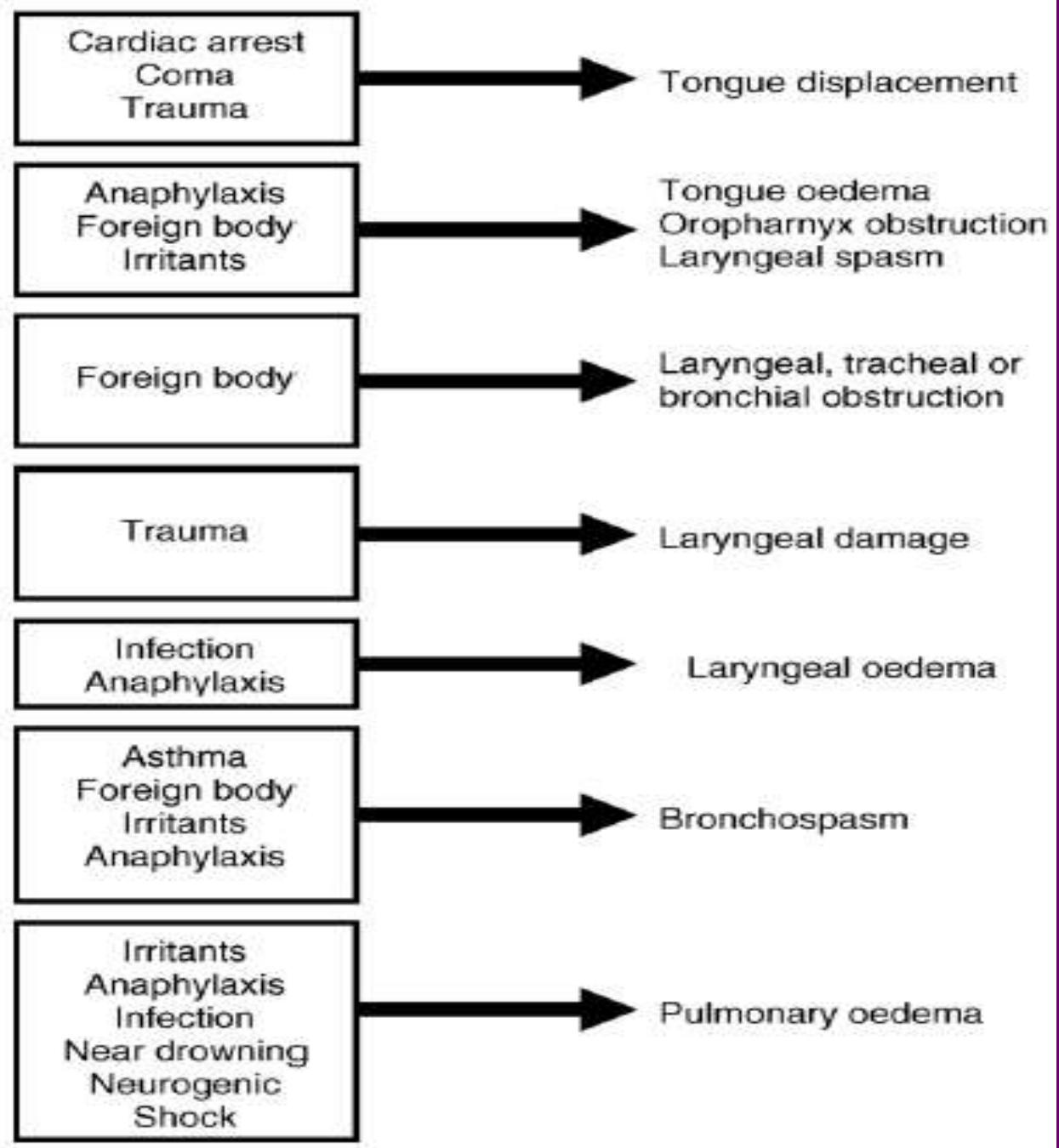
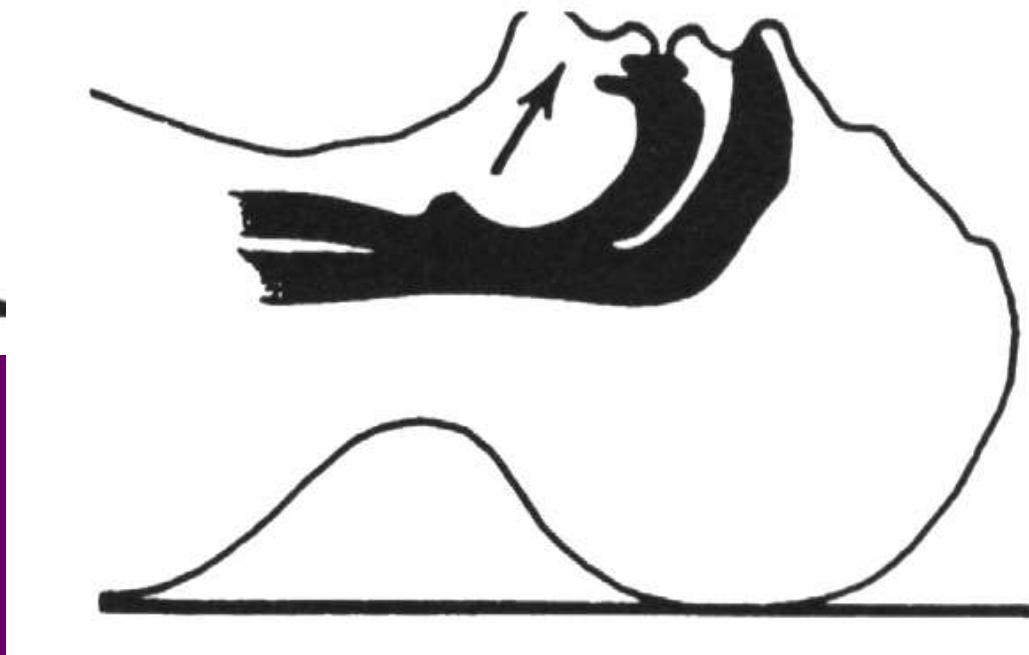
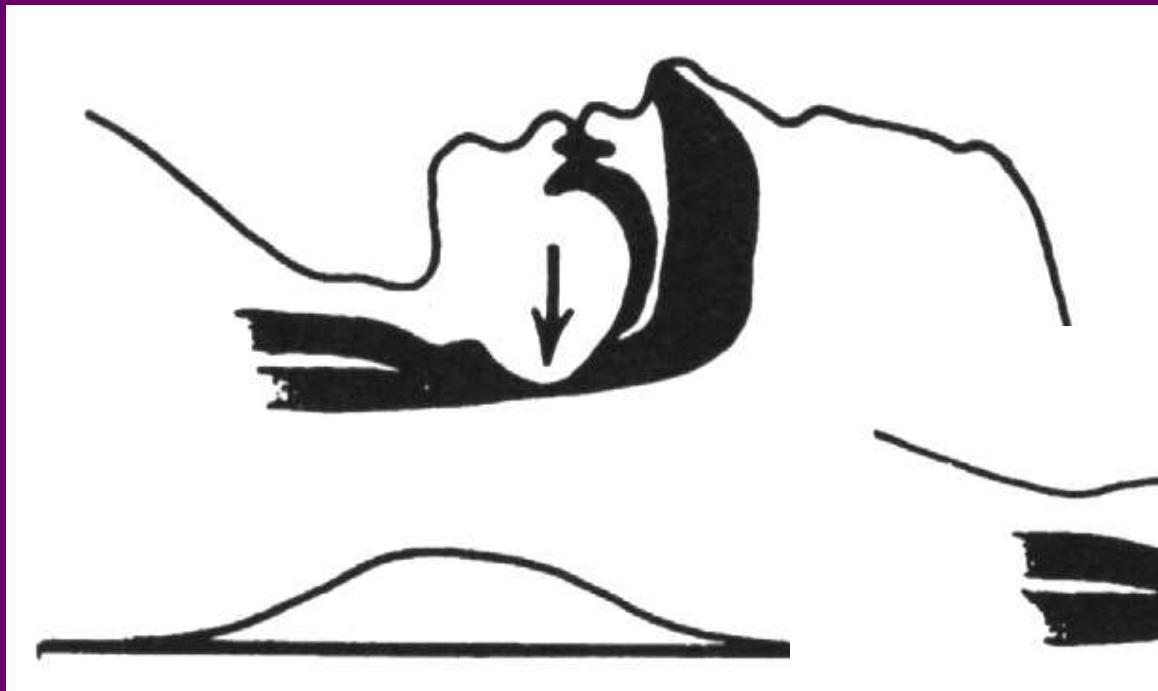


Figure 4.3 Causes of airway obstruction.



AIRWAY OPENING BY NECK EXTENSION



„Magic touch“



Figure 4.4 Head tilt and chin lift. © 2005 European Resuscitation Council.

Nolan J.P., Deakin Ch.D., Soar J., Böttiger B.W., Smith G.:
European Resuscitation Council Guidelines for Resuscitation 2005
Section 4. Adult advanced life support Resuscitation (2005) 67S1, S39—S86

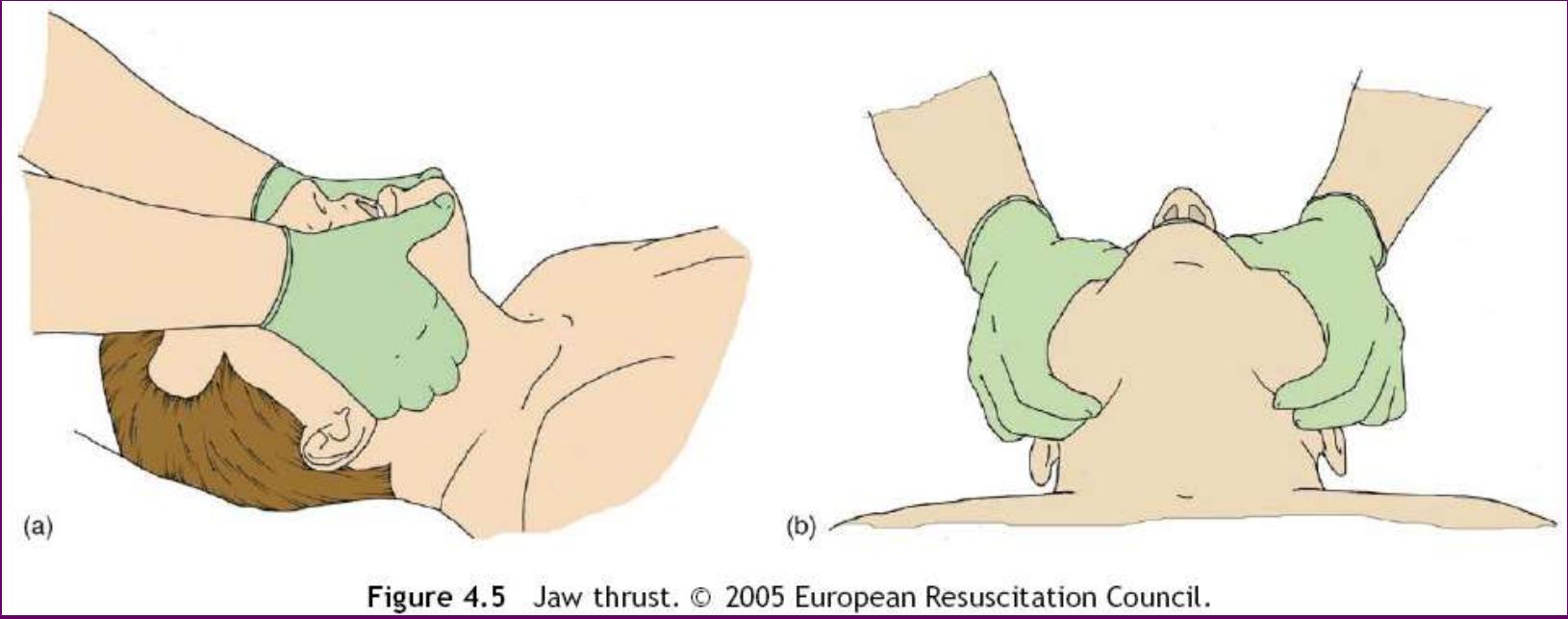


Figure 4.5 Jaw thrust. © 2005 European Resuscitation Council.

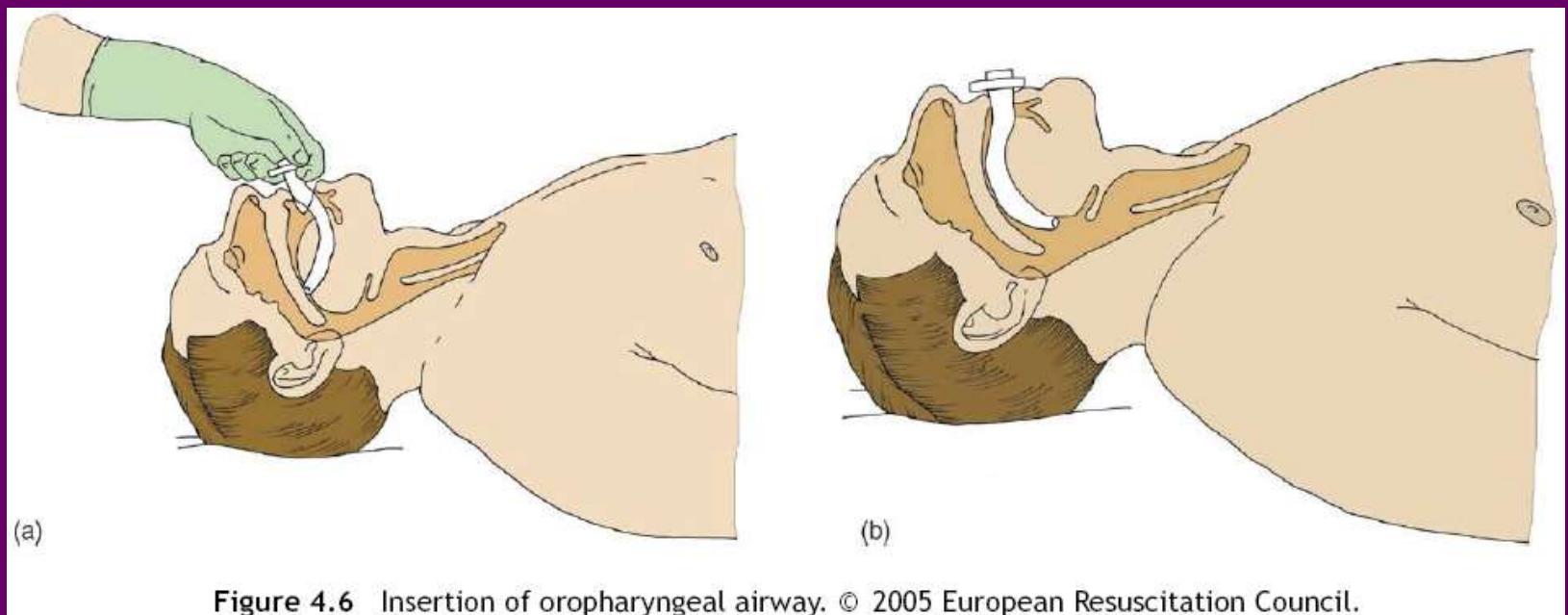
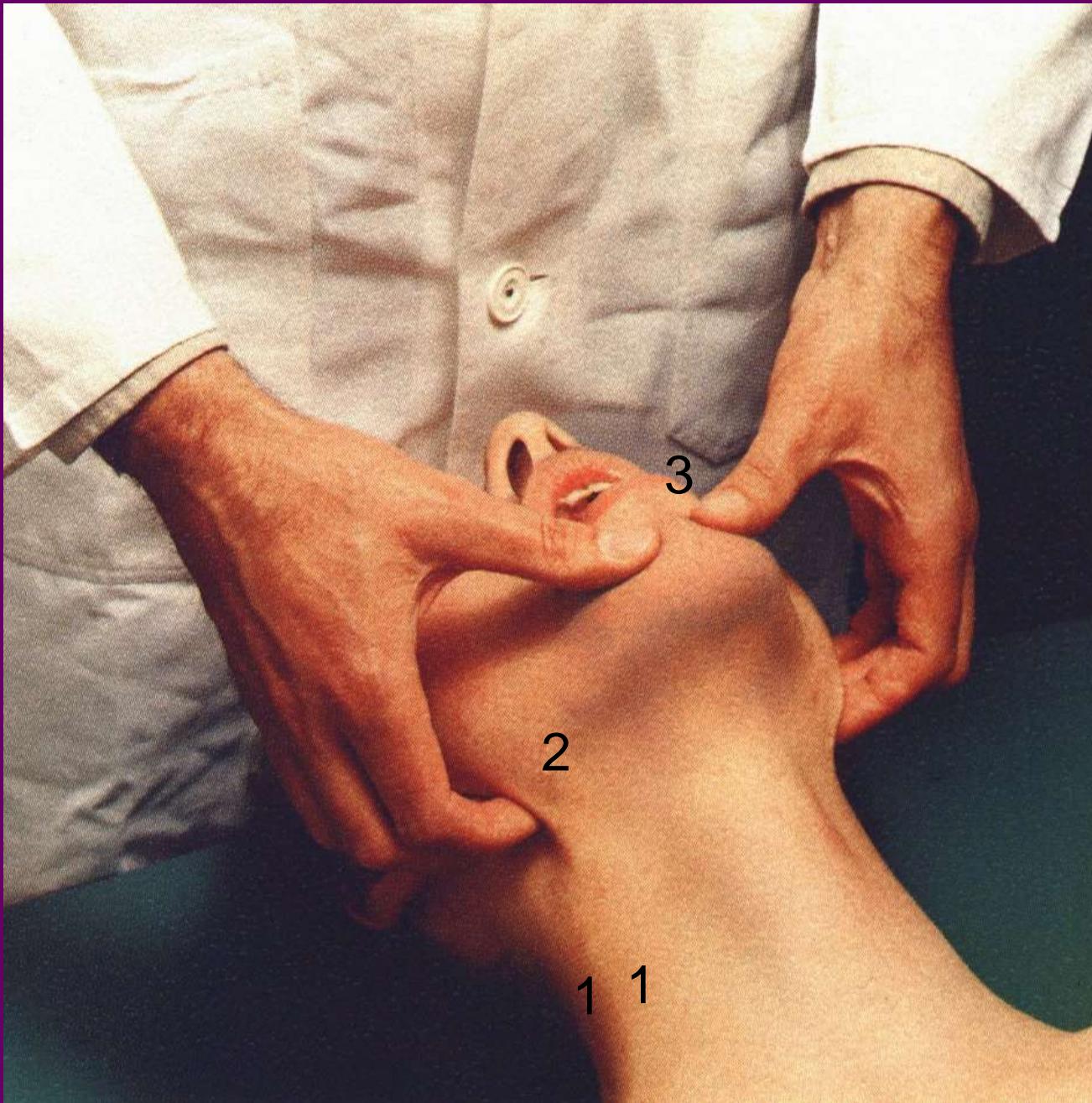


Figure 4.6 Insertion of oropharyngeal airway. © 2005 European Resuscitation Council.

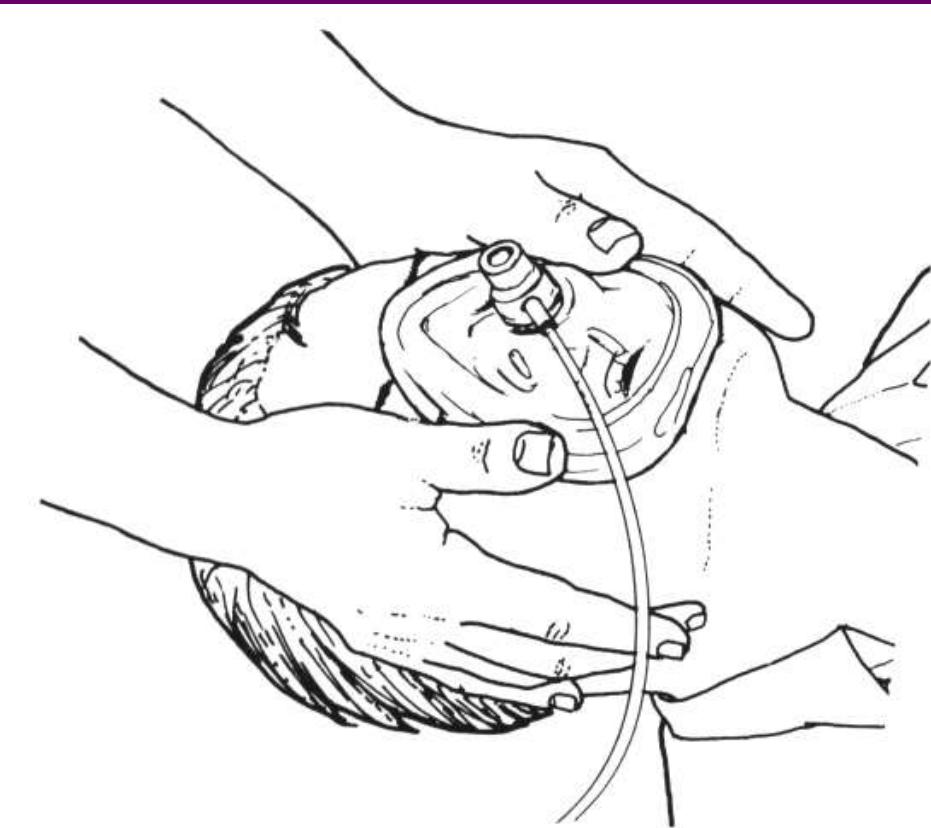
ESMARCH TRIPLE MANOEUVRE



Heimlich manoeuvre



ESMARCH TOUCH & FACE MASK



Eubanks & Bone 1994

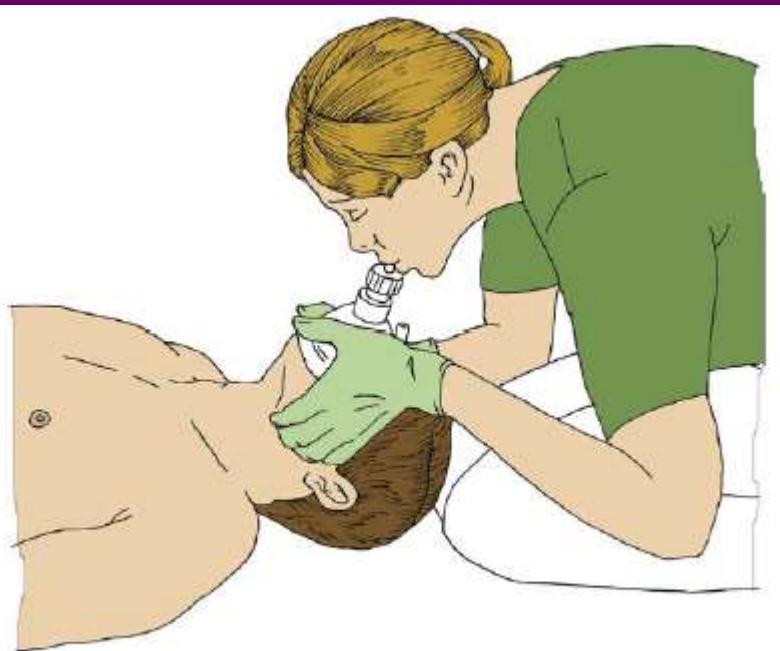


Figure 4.7 Mouth-to-mask ventilation. © 2005 European Resuscitation Council.

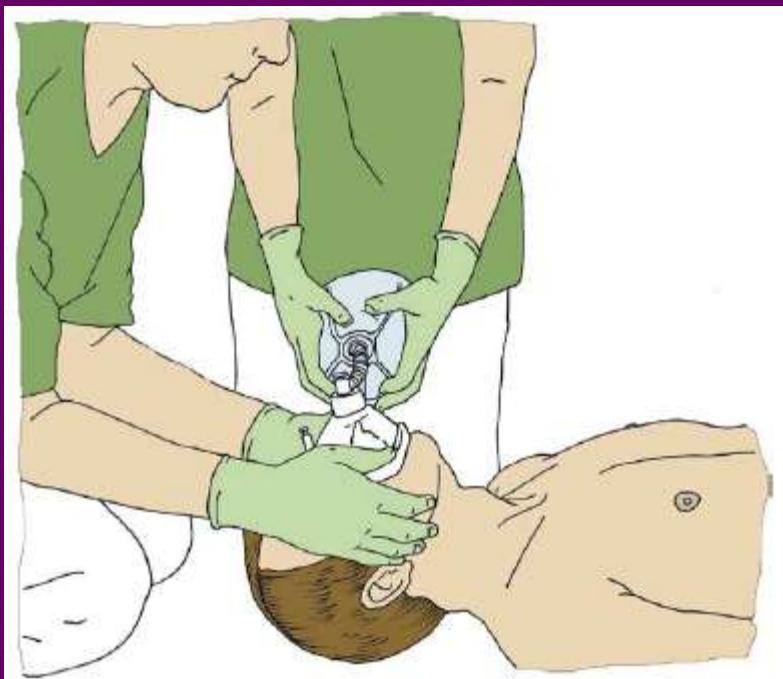
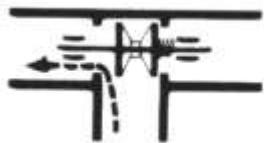
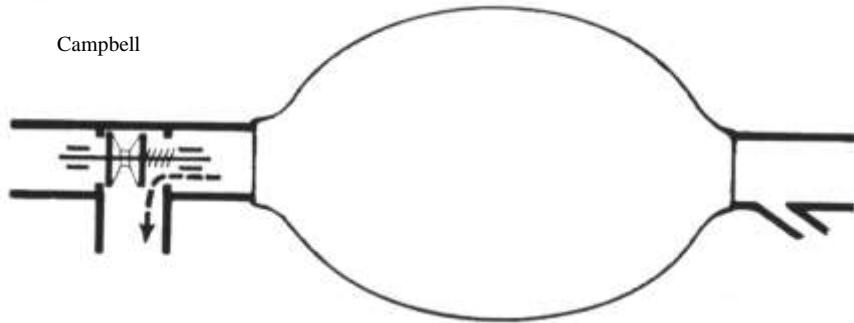


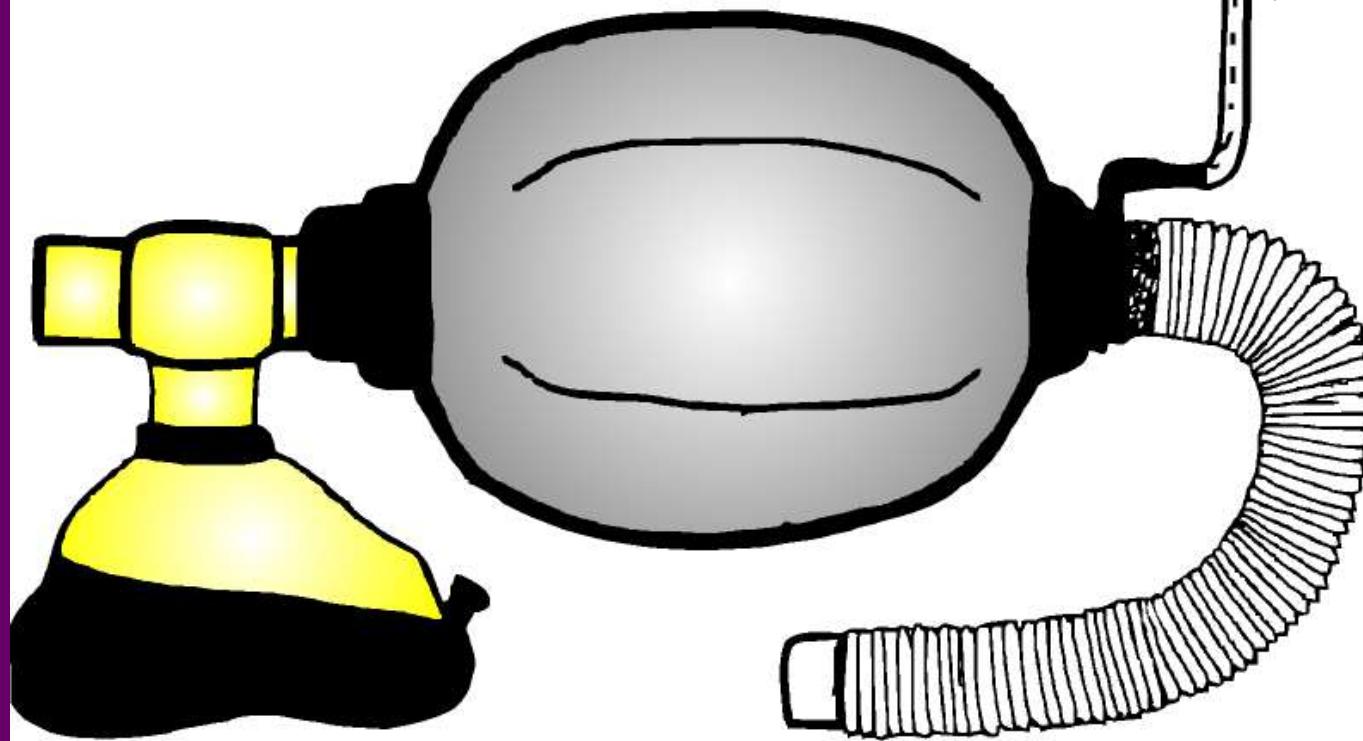
Figure 4.8 The two-person technique for bag-mask ventilation. © 2005 European Resuscitation Council.

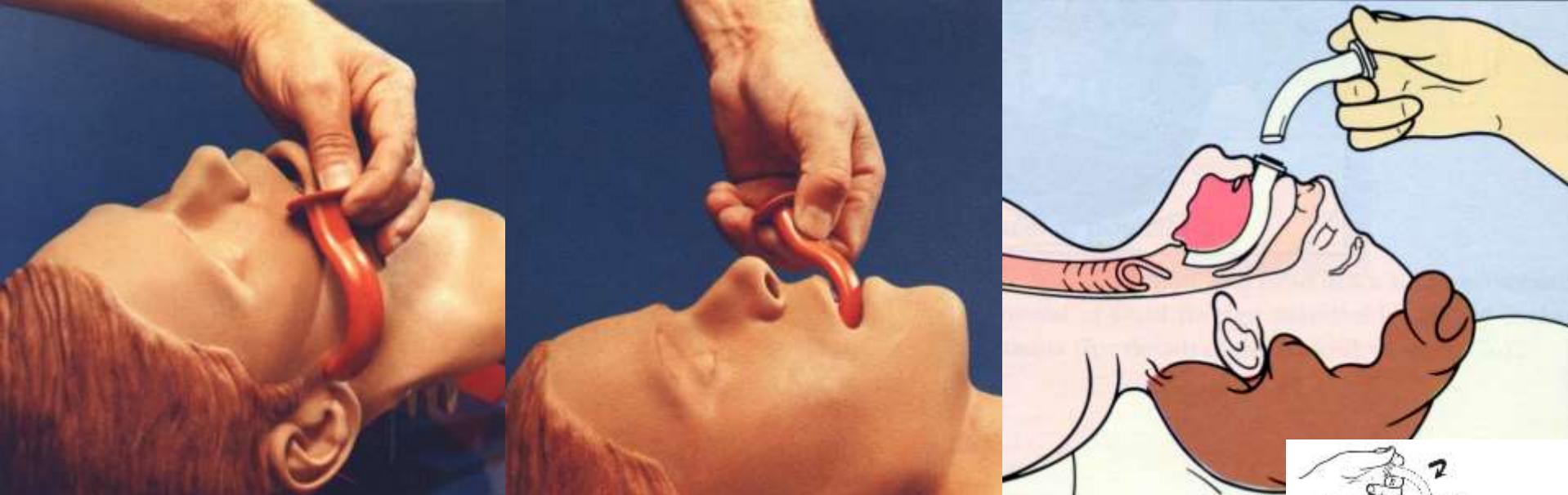


	O ₂ l/min	FiO ₂ %	V _T x f
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- " -	4	>40	dtto
deti	5	85-100	300 x 20
- " -	2	>40	dtto

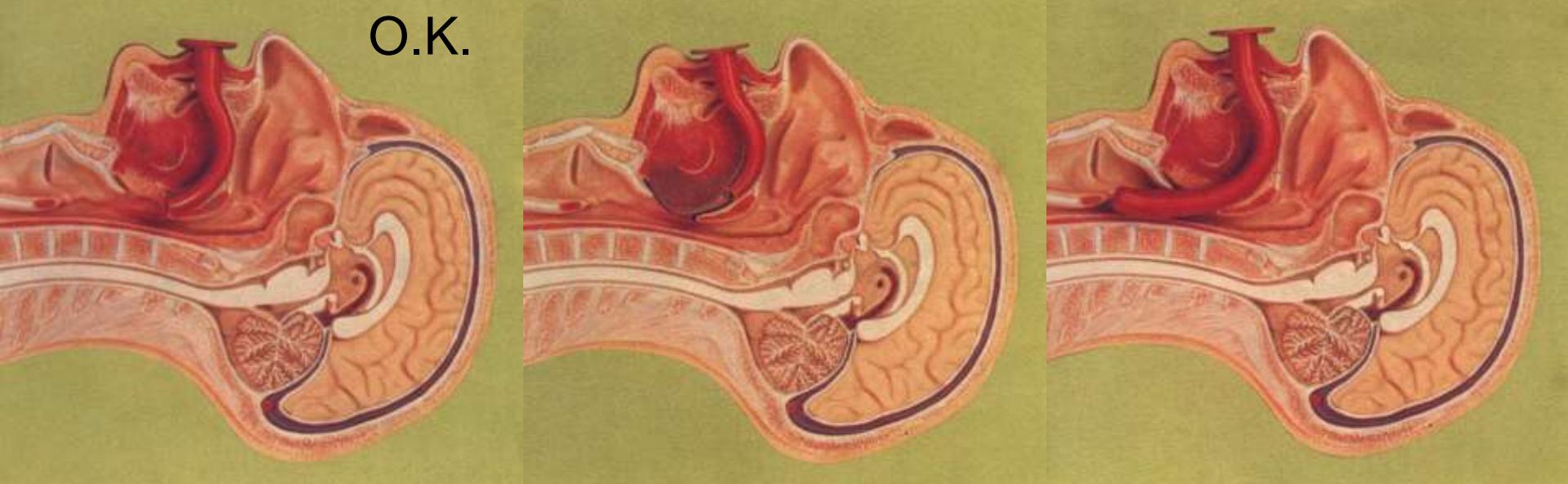
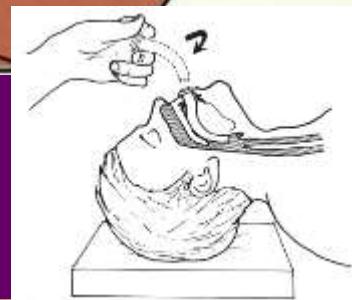


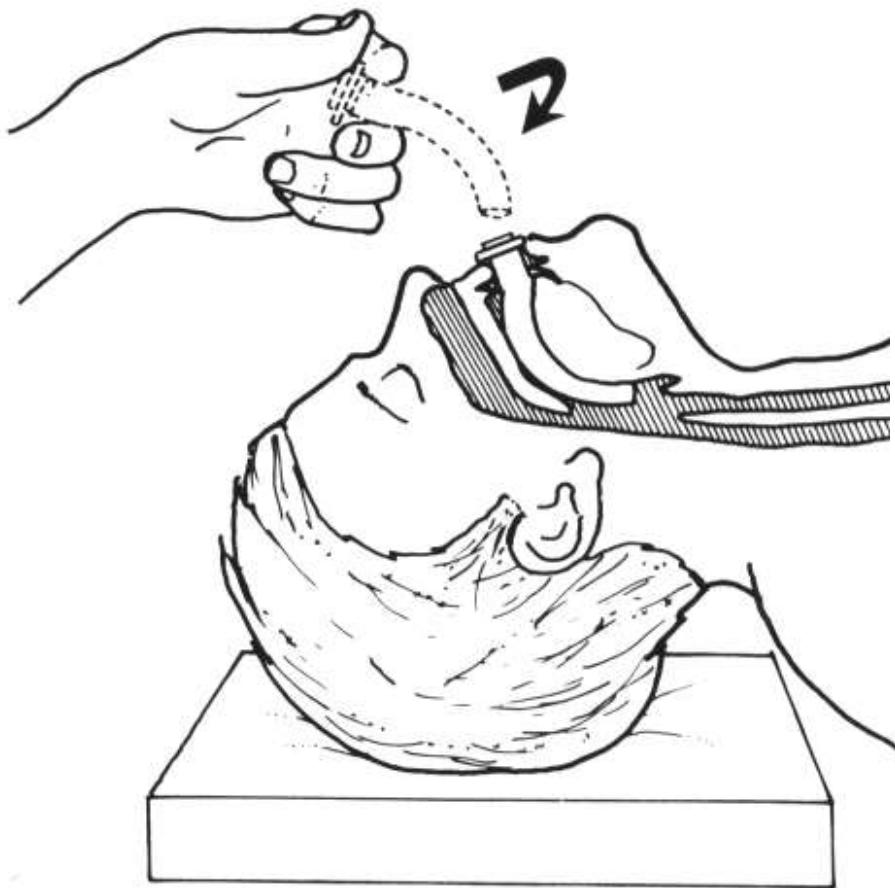
Selfexpanding Bag with O₂



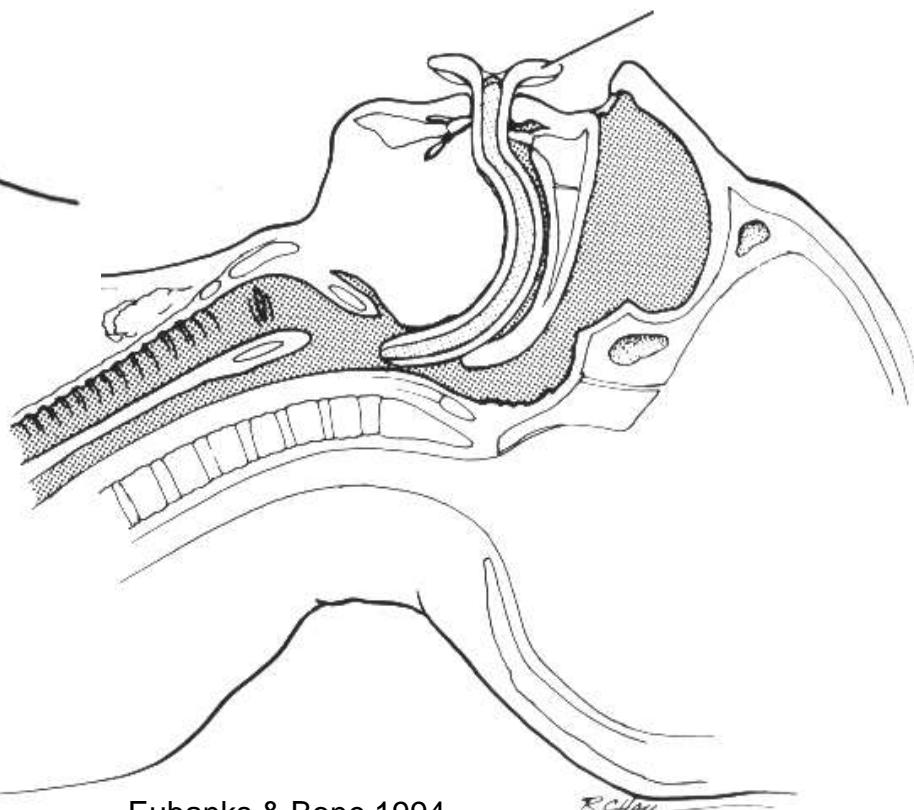


ORAL AIRWAY





ORAL AIRWAY



EVALUATION OF DIFFICULT AIRWAY

CORMACK - LEHANE



Grade I



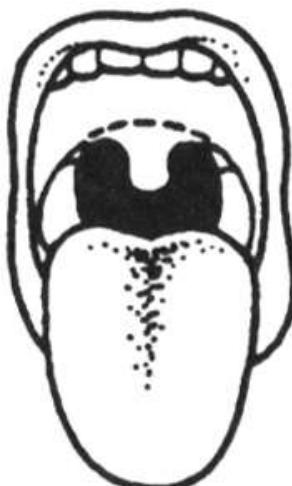
Grade II



Grade III



Grade IV



Class 1



Class 2



Class 3

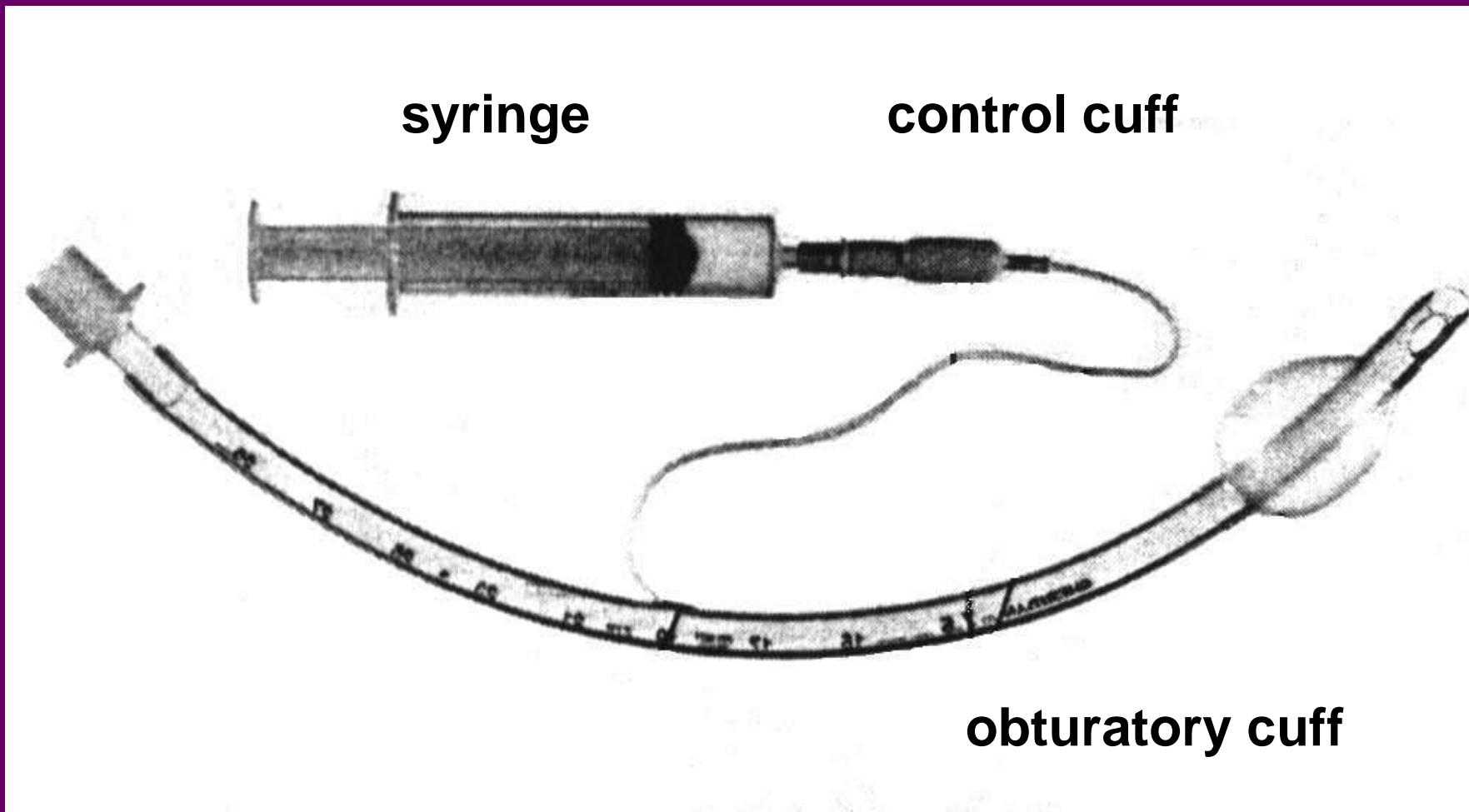


Class 4

MALLAMPATI

ENDOTRACHEAL TUBE

= gold standard for airway management



obturatory cuff

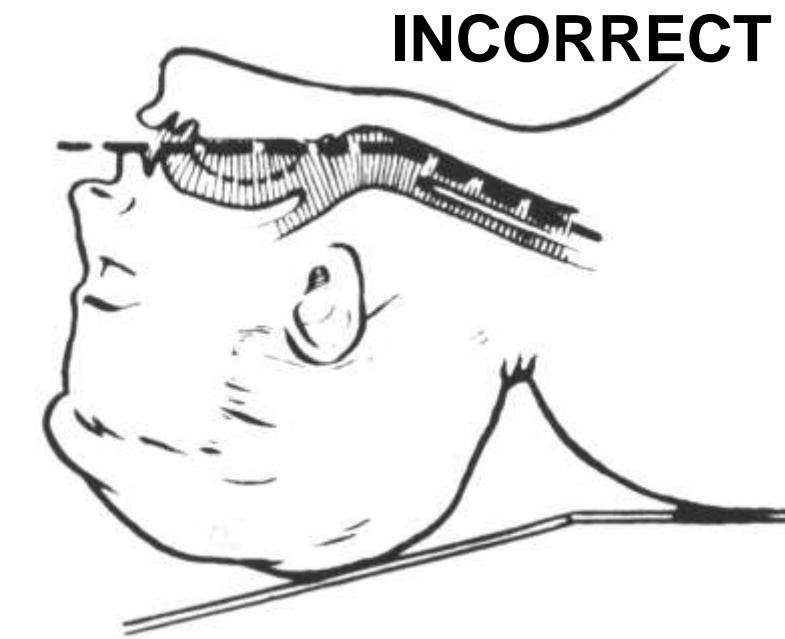
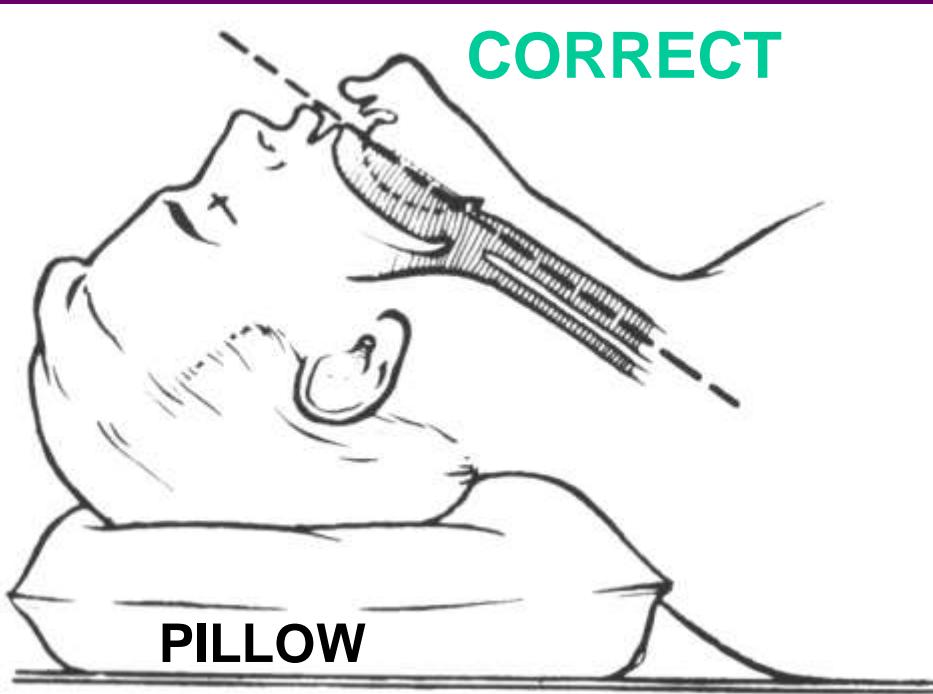
Endotracheal Tube Cuffed



Endotracheal Tube Plain

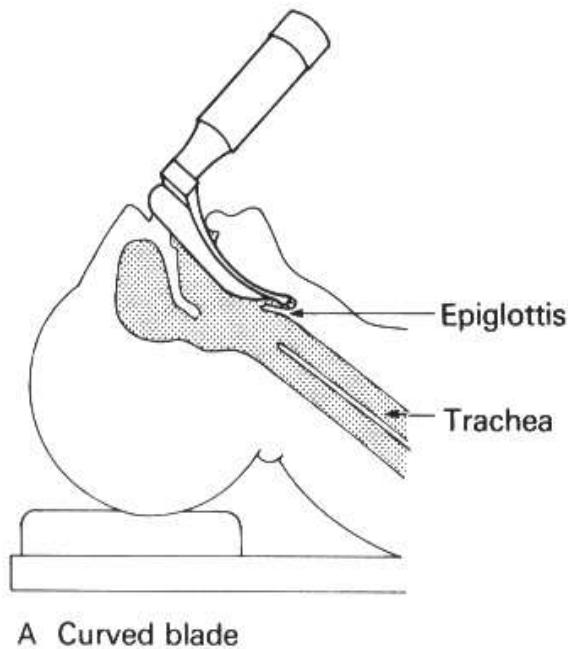


HEAD POSITIONING DURING ENDOTRACHEAL INTUBATION

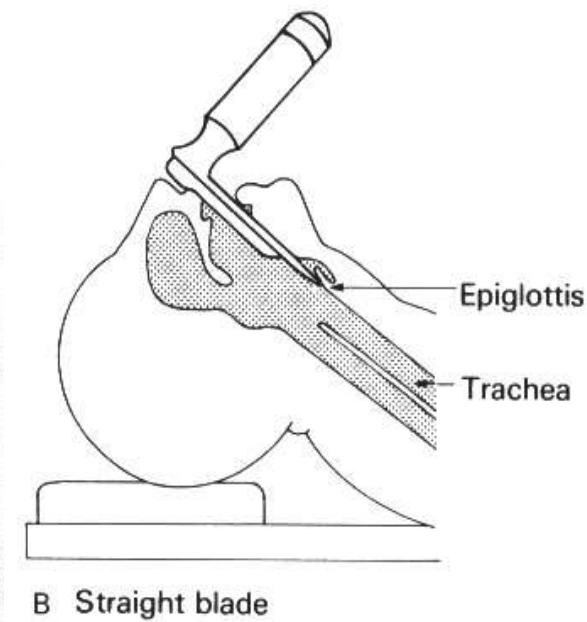


DIRECT LARYNGOSCOPY

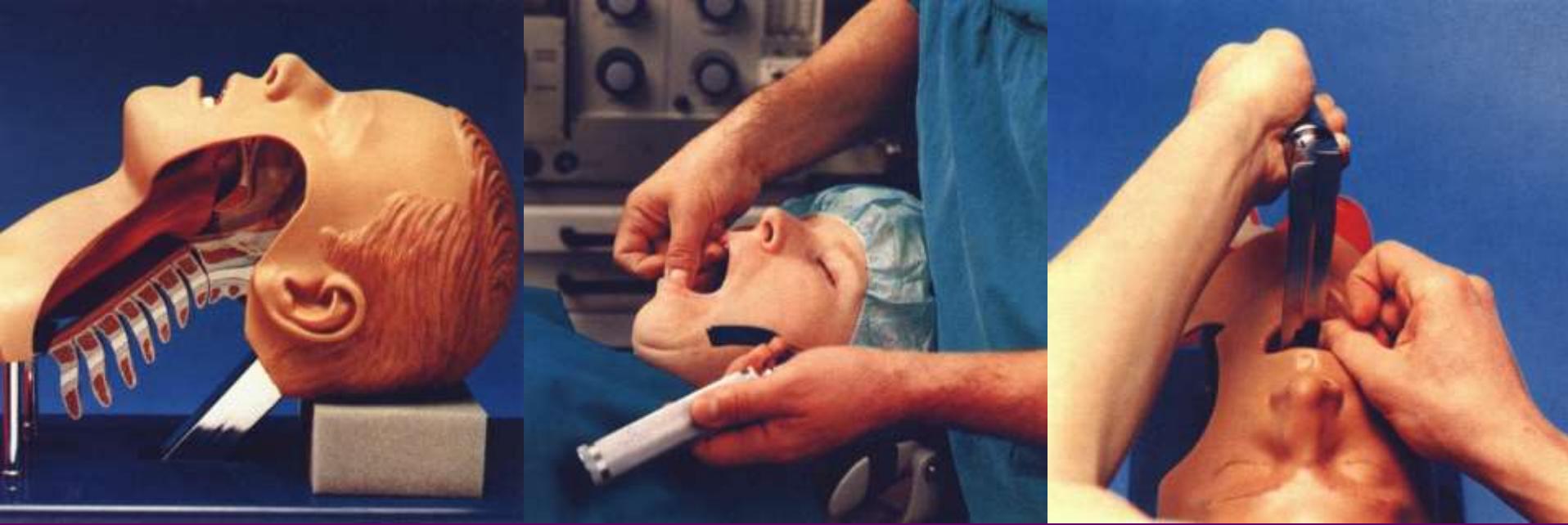
MACINTOSH



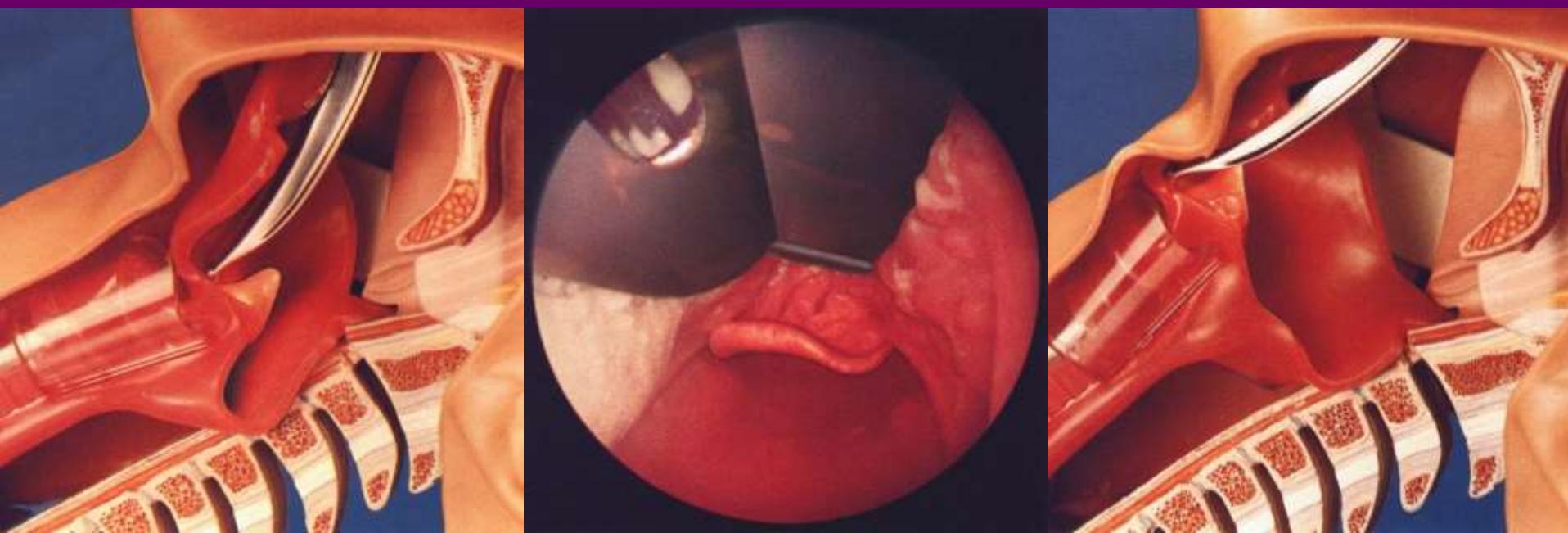
MAGILL

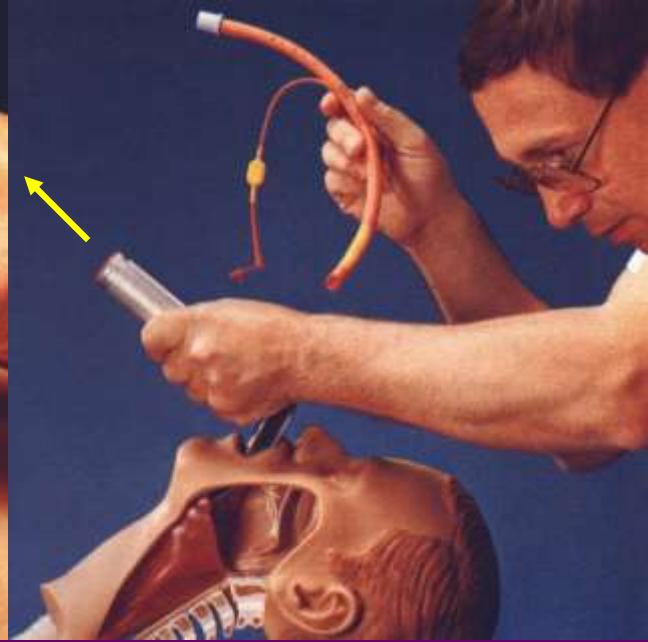
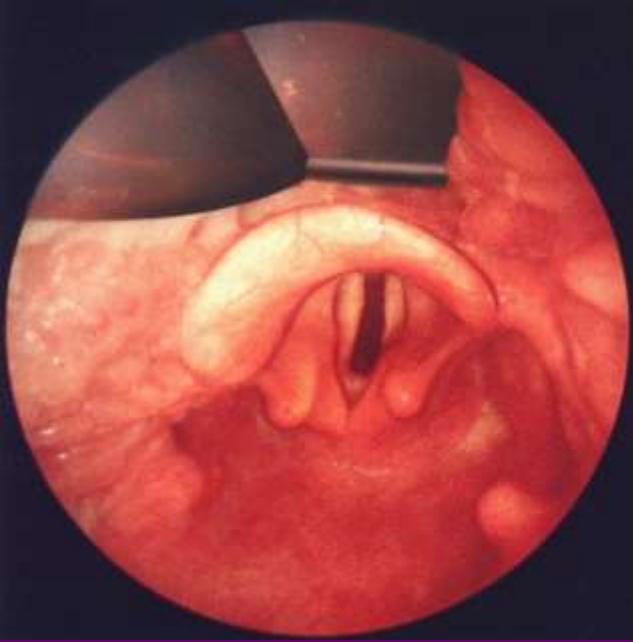


light

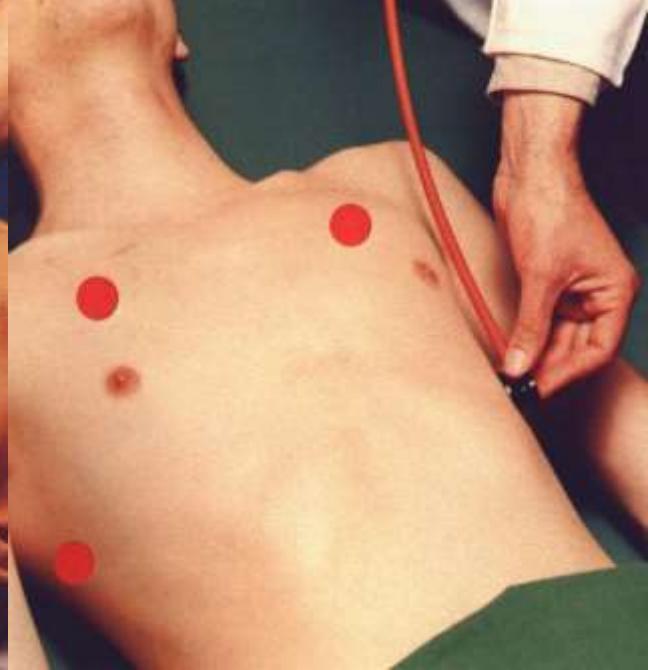


OROTRACHEAL INTUBATION 1/2





OROTRACHEAL INTUBATION 2/2



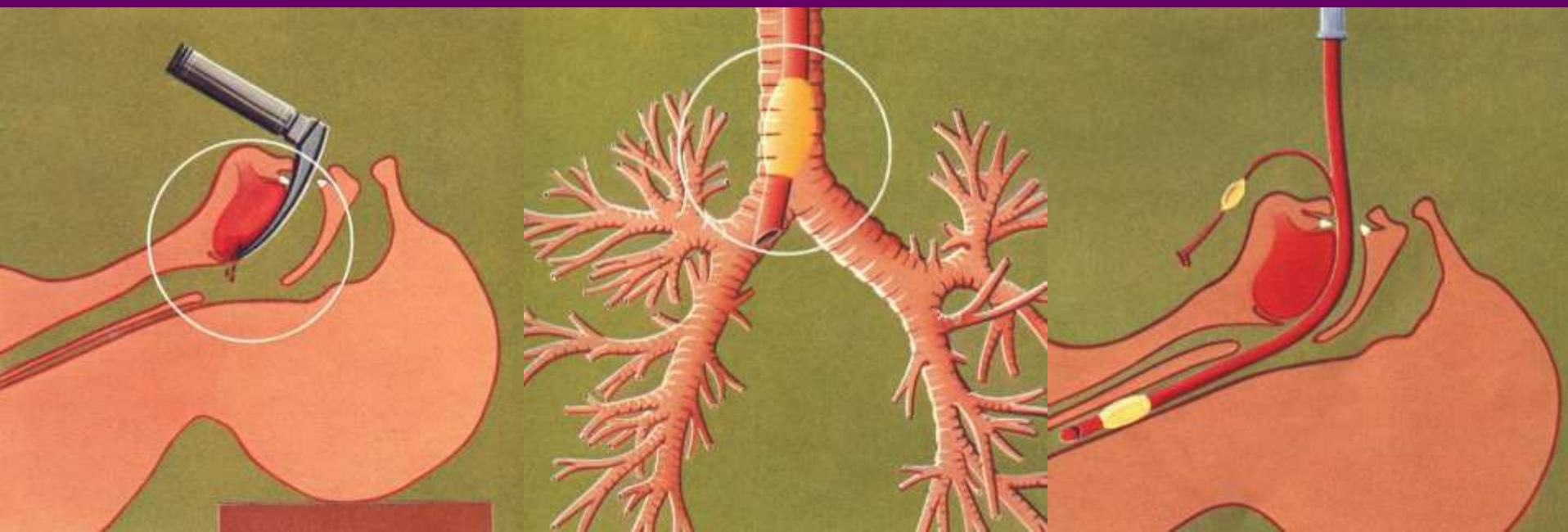
17-25 cmH₂O

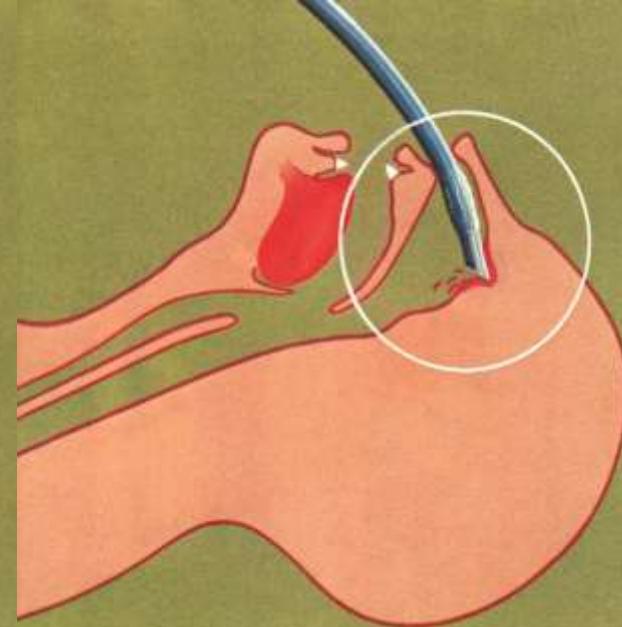
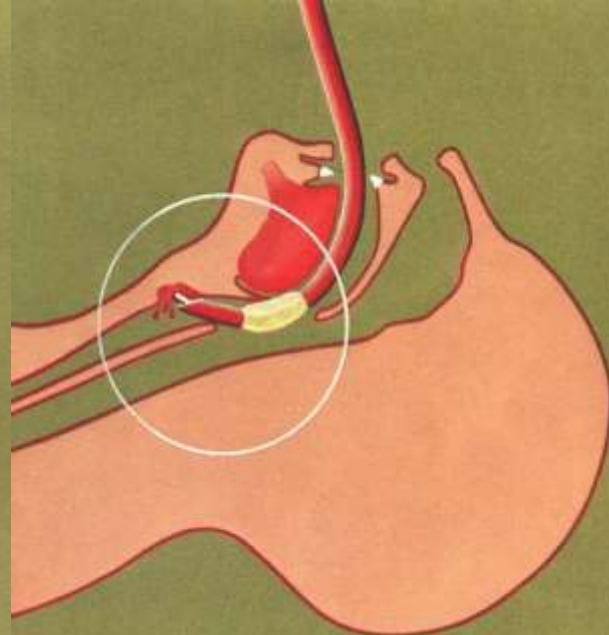
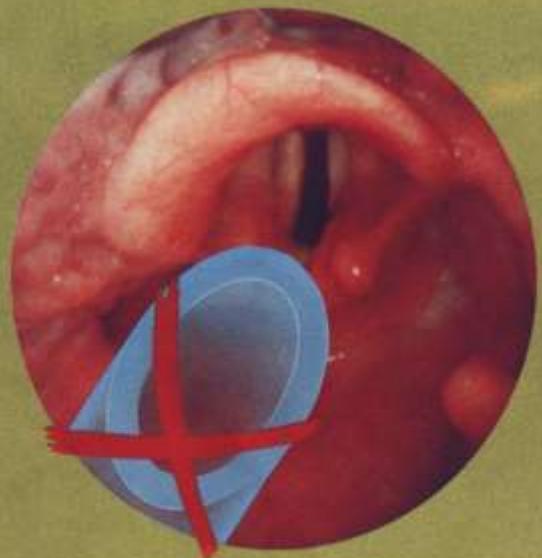


OPENING THE MOUTH MANOEUVRE

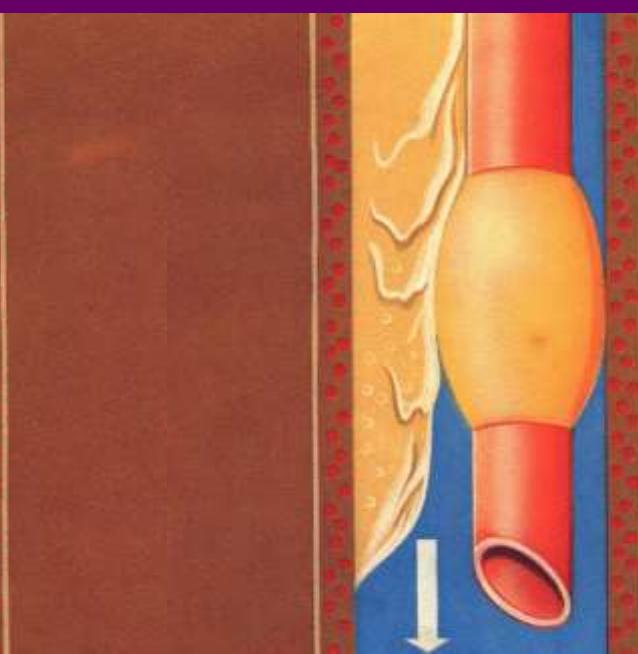
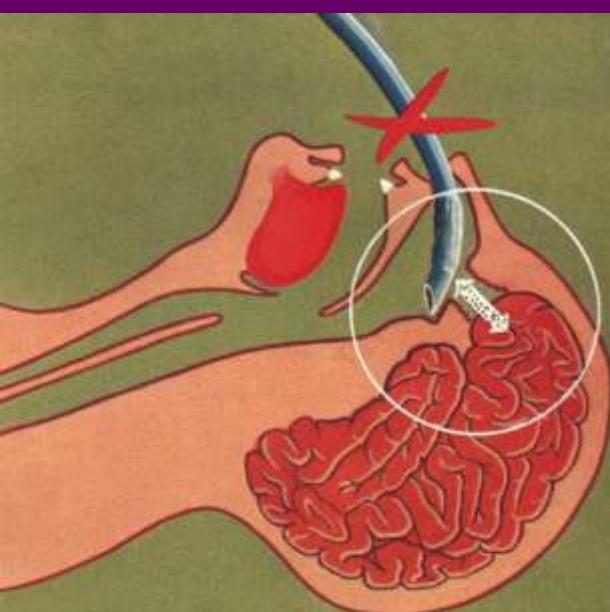


PROBLEMS & COMPLICATIONS 1/3



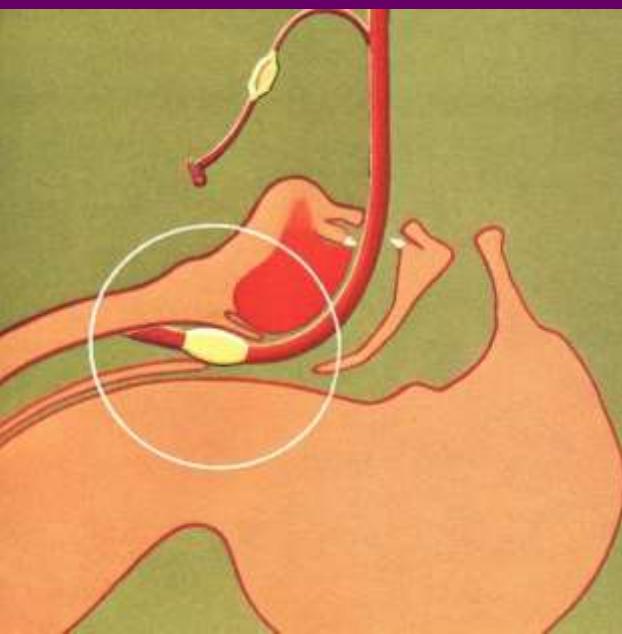


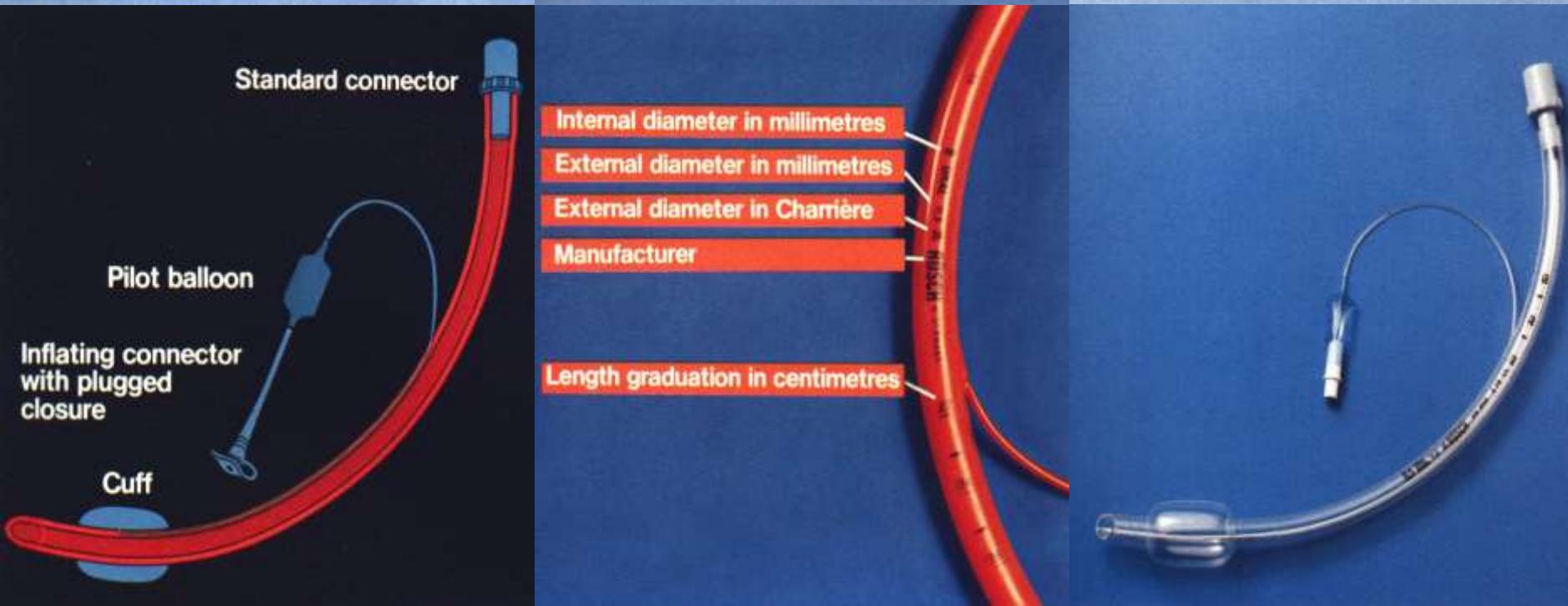
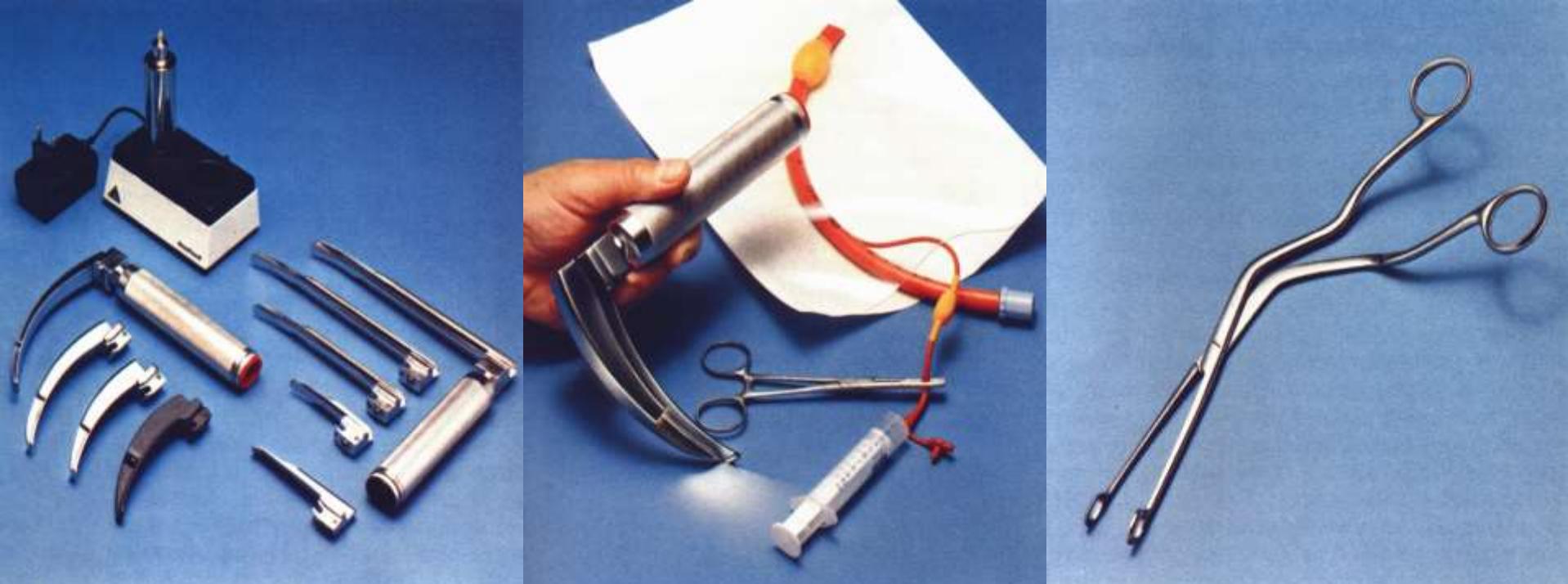
PROBLEMS & COMPLICATIONS 2/3





PROBLEMS & COMPLICATIONS 3/3







Levering Laryngoskope (McCoy)

Heine Flexible Tip



GlideScope



- CMOS active pixel sensor (CMOS APS), videokamera a LCD s vysokým rozlíšením.
- Postupné **50-60° ohyby lyžice** pri vizualizácii hlasiviek znižuju potrebu výrazného predsunutia jazyka.
- Kamera je lokalizovaná na poslednom ohybe lyžice – lepší prehľad pracovného poľa (50°)
- Zanorená kamera - nižšie znečistenie
- Ohrievaná šošovky proti zahmlievaniu
- Potrebné **použitie vodiča ETT** (napr. Verathon 60°)
- **93-99% úspešnosť** intubácie v rôznych štúdiach
- Možnosťou záznamu, **výučba**
- Aj pri zlej polohovateľnosti hlavy dosiahne Cormack and Lehane grade I-II
- Vhodný najmä u **morbídnej obezity** (Cobalt)
- Vhodný pre **pre-hospital** podmienky (Glidescope Ranger)
- 2009 prvá tracheálna intubácia v teréne navádzané **telemedicínskou** technológiou z nemocnice

http://www.verathon.eu/verathon_GlideScope.html

Cooper RM et al: Early clinical experience with a new videolaryngoscope (GlideScope) in 728 patients.
Can J Anaesth. 2005, 52, 2, 191-8.

Rovsing L et al: GlideScope® Video Laryngoscope for Tracheal Intubation in Morbidly Obese Patients. 27
2008 WFSA Cape Town Abstract

AirTraq

- Jednorázový VL, určený pre obtiažnu intubáciu a pre neštandardné polohy pacienta a krku.
- Dva samostatné kanály:
 - **optický**: optický systém na batériu, okulár (video).
 - **vodiaci**: zadržiava ETT a vedie ju medzi hlasivky.
- Systém proti zahmlievaniu, nízkoteplotné svetlo.
- Bežné ETT.
- Ďalšie použitie AIRTRAQ:
 - Zavádzanie **fibroskopu** alebo gastroskopu
 - **Dvojlúmenové ETT**



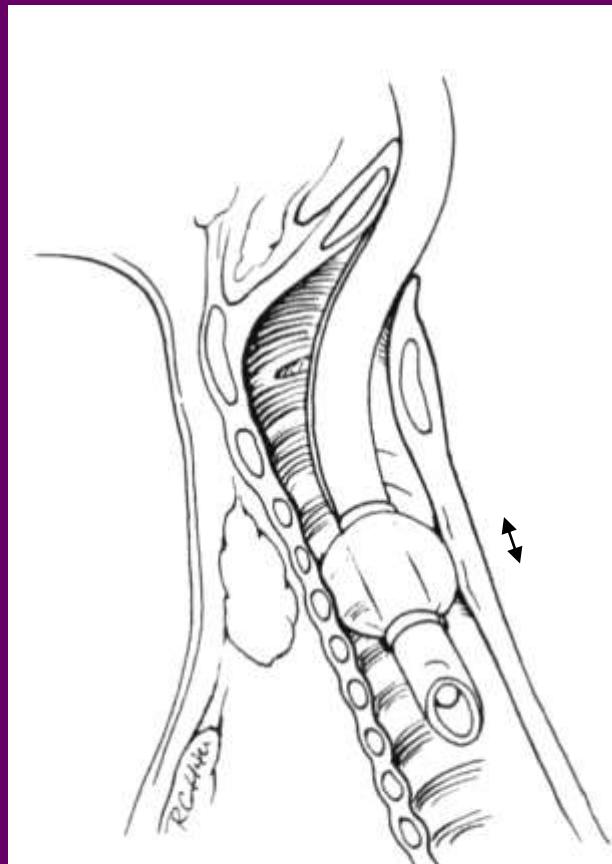
McGrath®



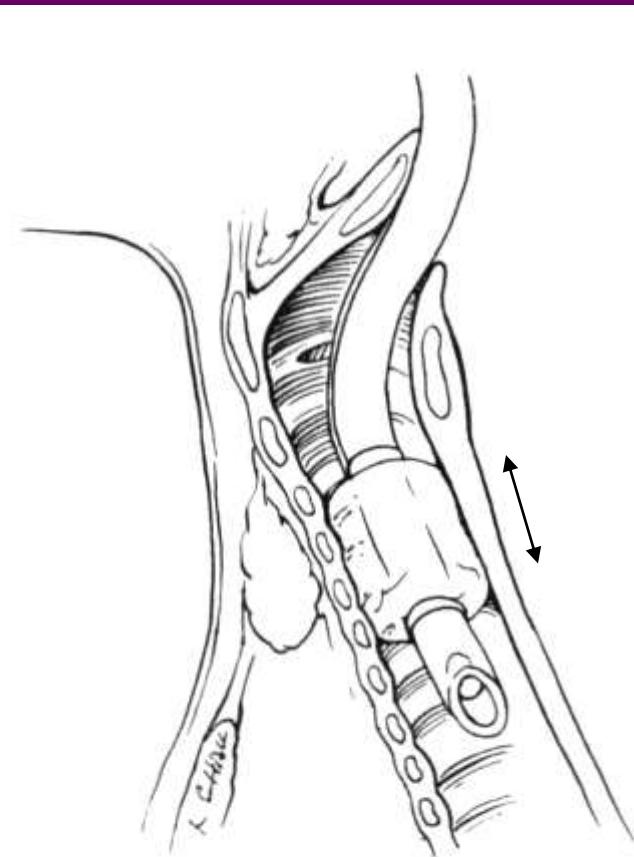
- The McGrath® Series 5 Video Laryngoskop určený najmä na **obtiažnu** intubáciu
- Má **jednorázové** optické lyžice brániace prenos infekcie
- Dĺžka lyžice je **prispôsobiteľná** pacientovi
- Kompaktná **plochá obrazovka** na vrchole rukoväte

CUFF TYPE & MUCOSAL DEMAGE RISK

Low Volume-High Pressure



High Volume-Low Pressure



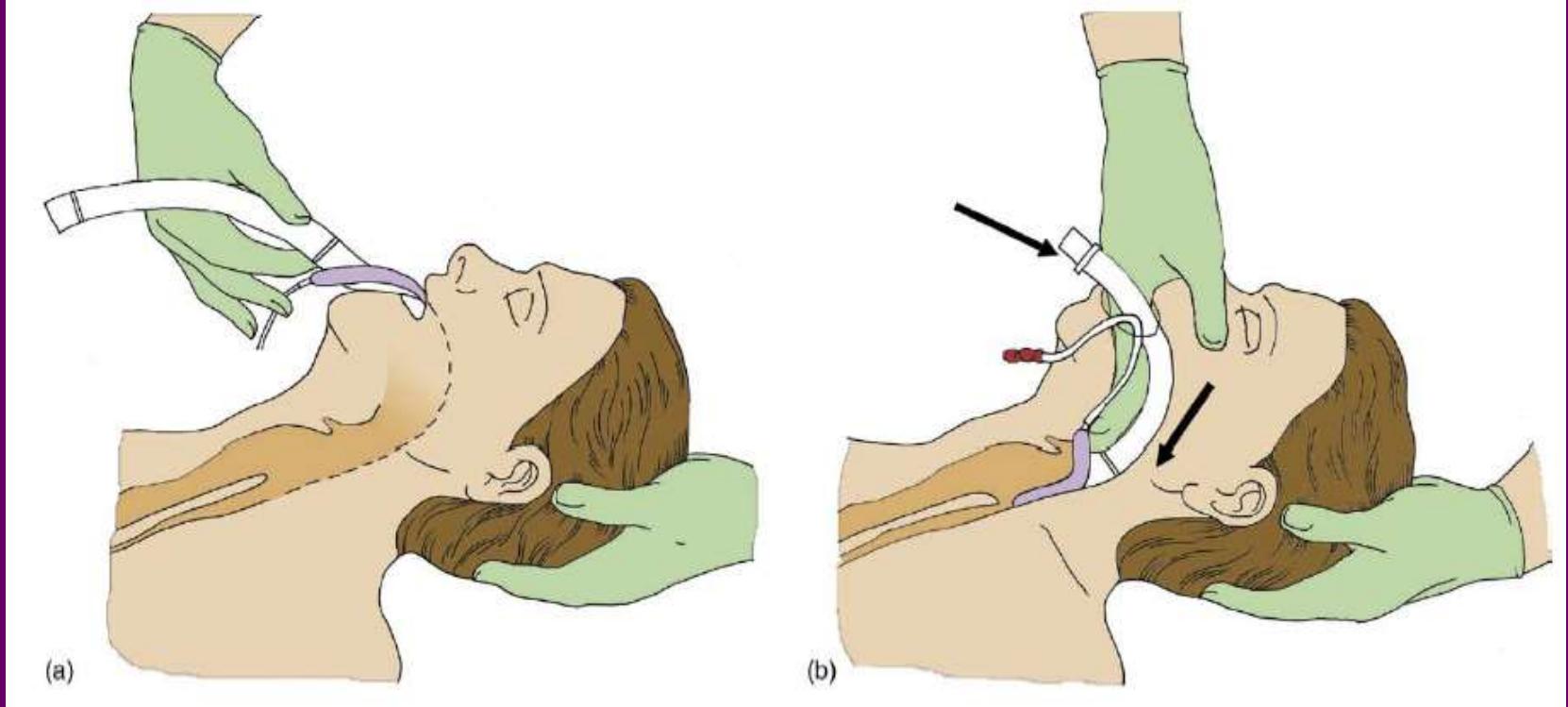


Figure 4.9 Insertion of a laryngeal mask airway. © 2005 European Resuscitation Council.

LARYNGEAL MASK

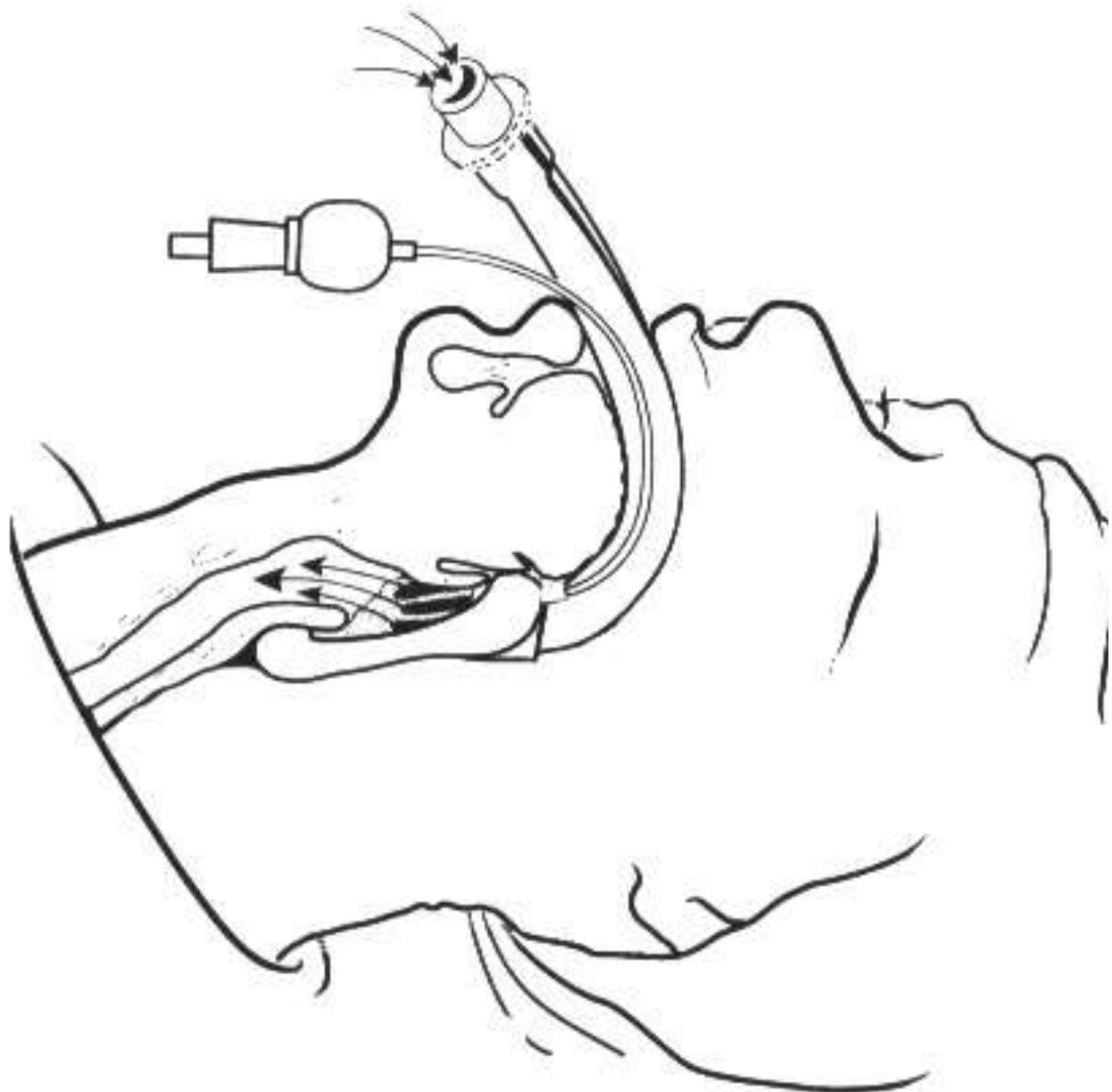


Fig. 16.39 Diagram of a laryngeal mask in situ.

Laryngeal Tube (LTS-II®)

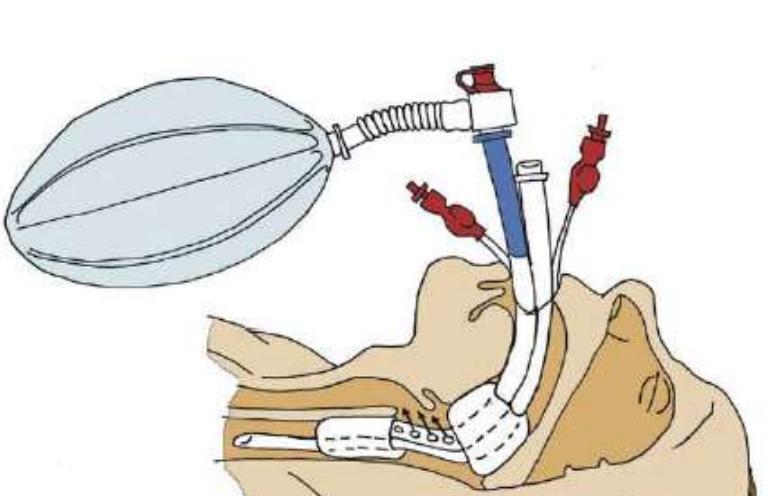
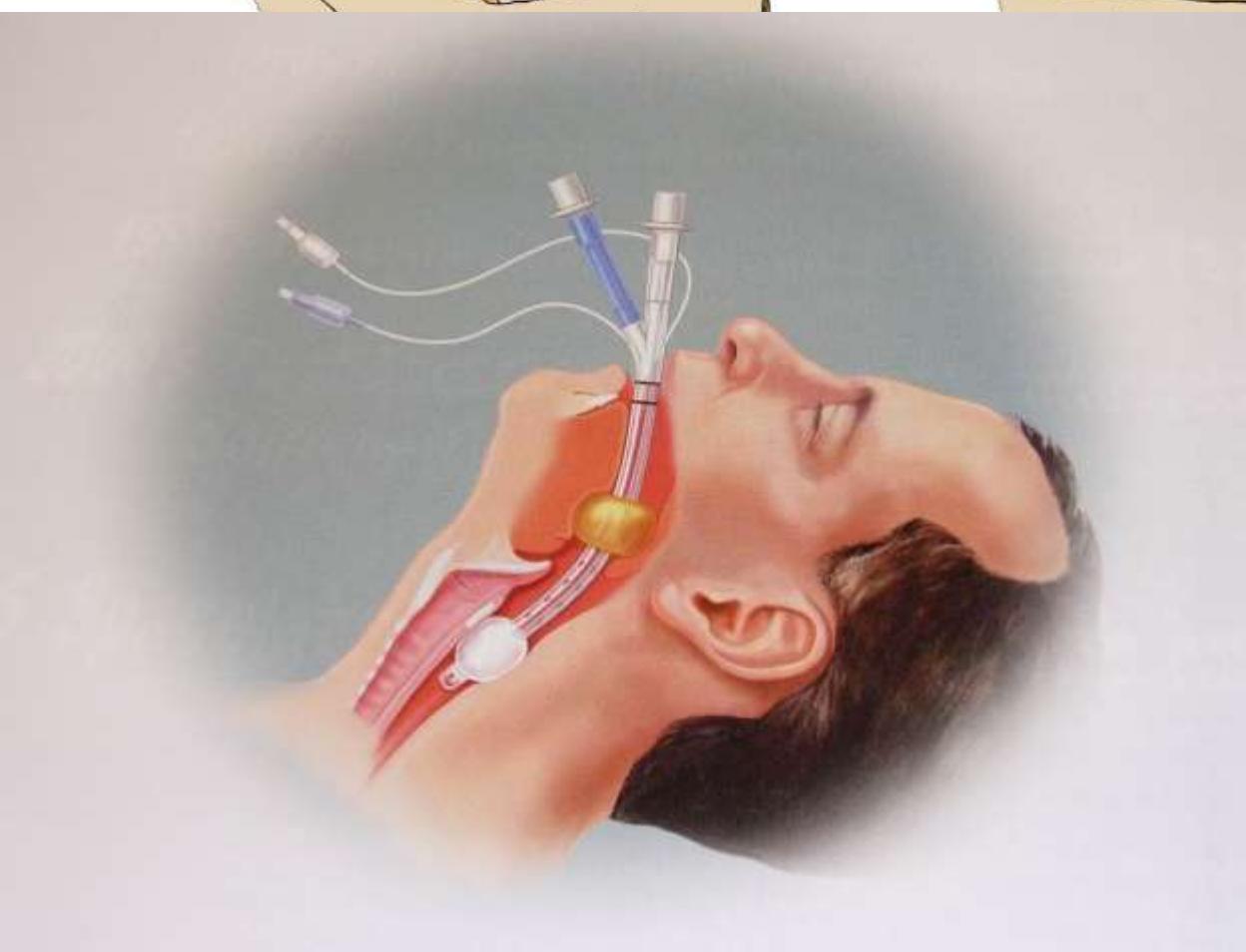
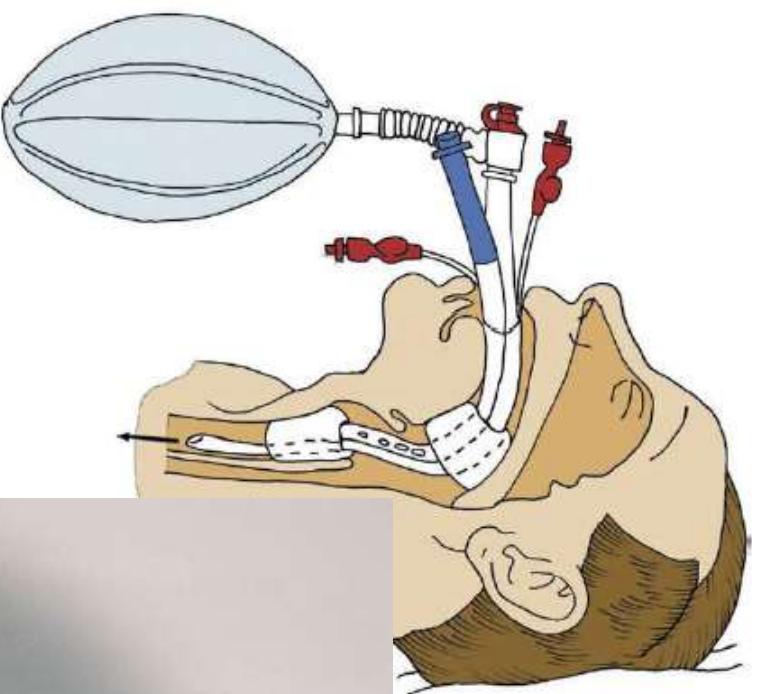
Laryngeálny tubus LTS-II s dvojitým lúmenom **dýchanie** + s možnosťou odsávania alebo zavedenia **žalúdkovej sondy**.

Je **alternatívou** na vykonávanie umelého dýchania maskou, laryngeálou maskou alebo v prípadoch, keď nie je nutná tracheálna intubácia.

- bezlatexový
- na opakované použitie
- autoklávovateľný do 134°C
- zavádzanie je atraumatické pre zuby a hlasivky
- orientačné značky pre zuby
- velkoobjemové balóniky sa dobre anatomicky prispôsobia
- účinné dýchanie
- dobrá tesnosť pri vyšších dýchacích tlakoch
- možnosť odsávania z dýchacích ciest a fibrobronchoskopie
- možnosť odsávania z pažeráka a zavedenie žalúdkovej sondy

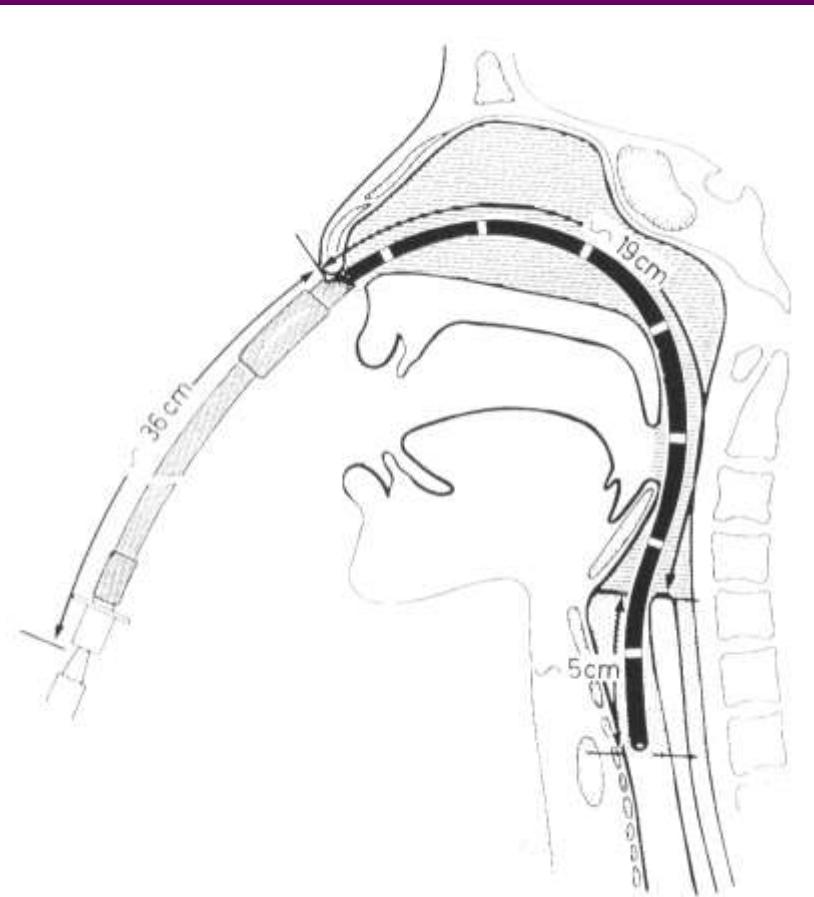


Nolan J.P., Deakin Ch.D., Soar J., Böttiger B.W., Smith G.:
European Resuscitation Council Guidelines for Resuscitation 2005
Section 4. Adult advanced life support Resuscitation (2005) 67S1, S39—S86

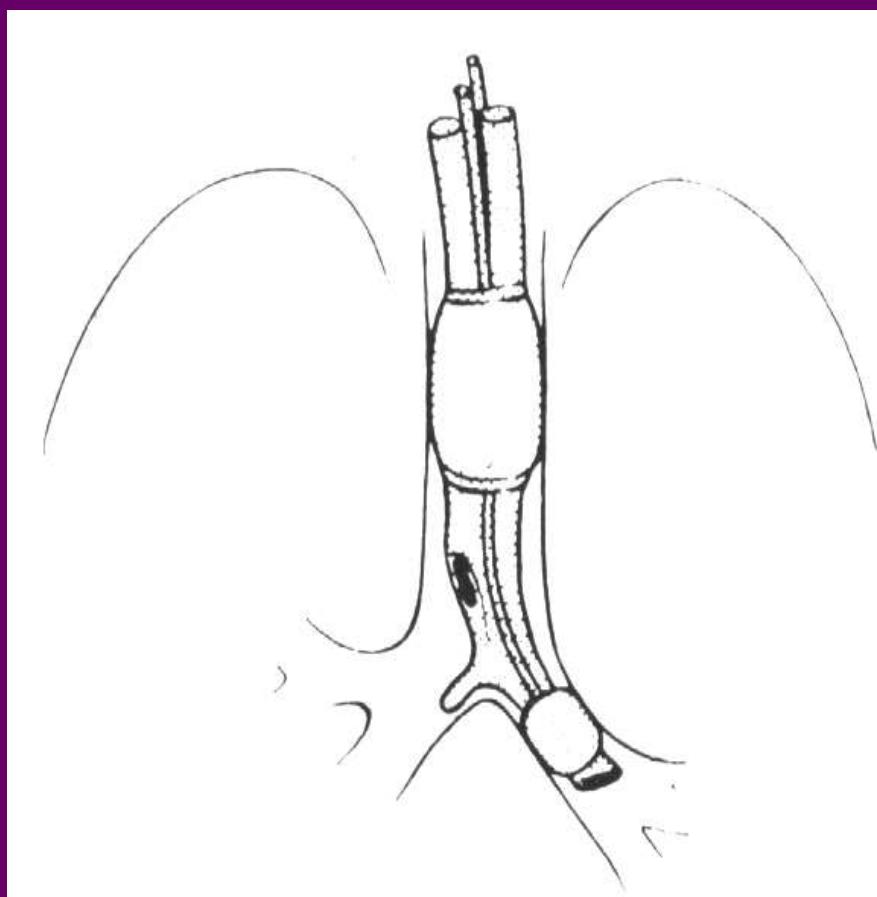


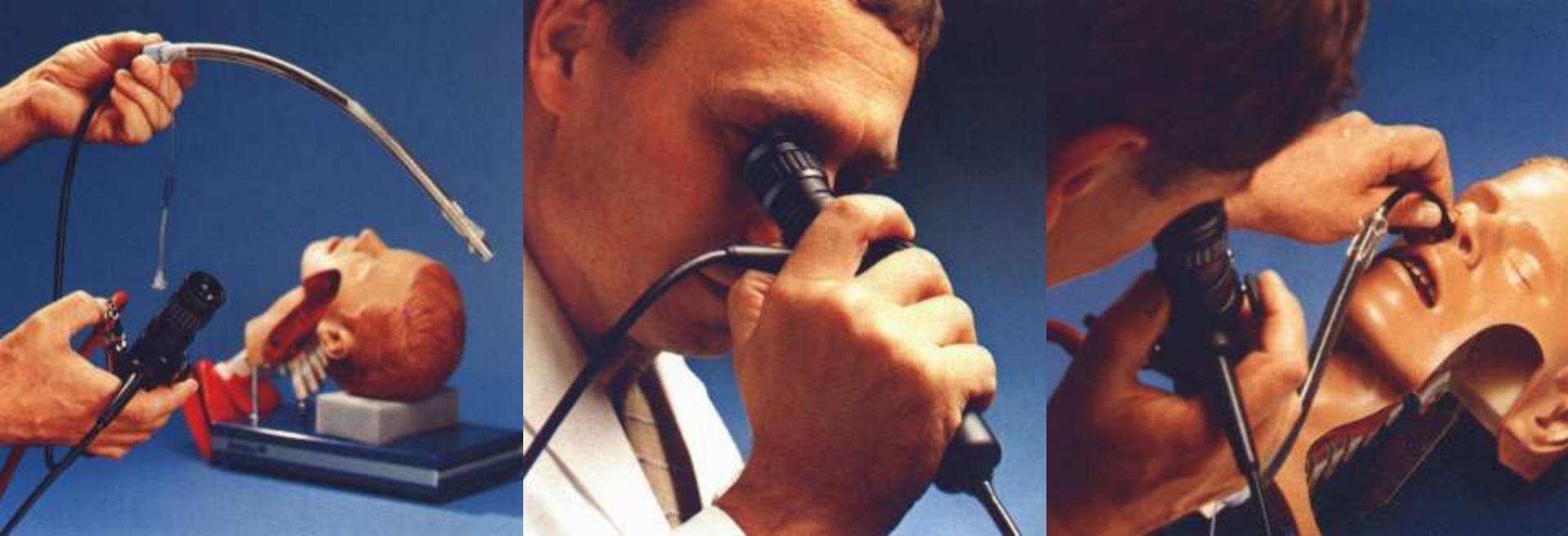
position. © 2005 European

FIBEROPTIC NASAL INTUBATION

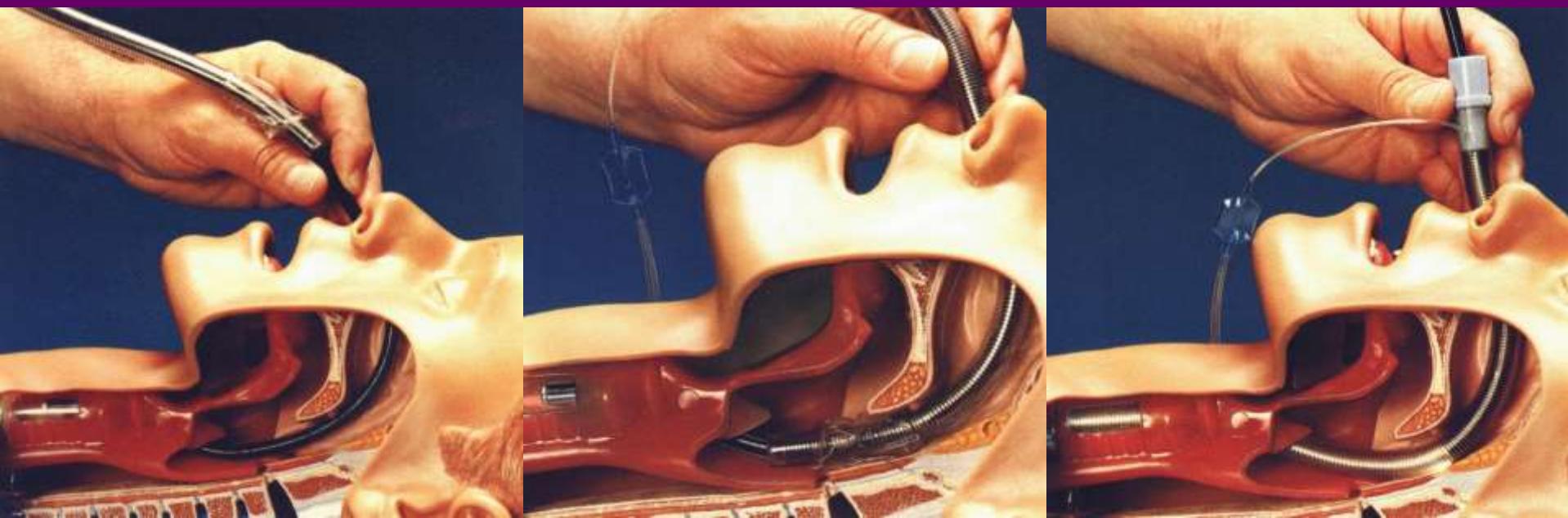


POSITION OF LEFT-SIDED DOUBLE-LUMEN CATHETER

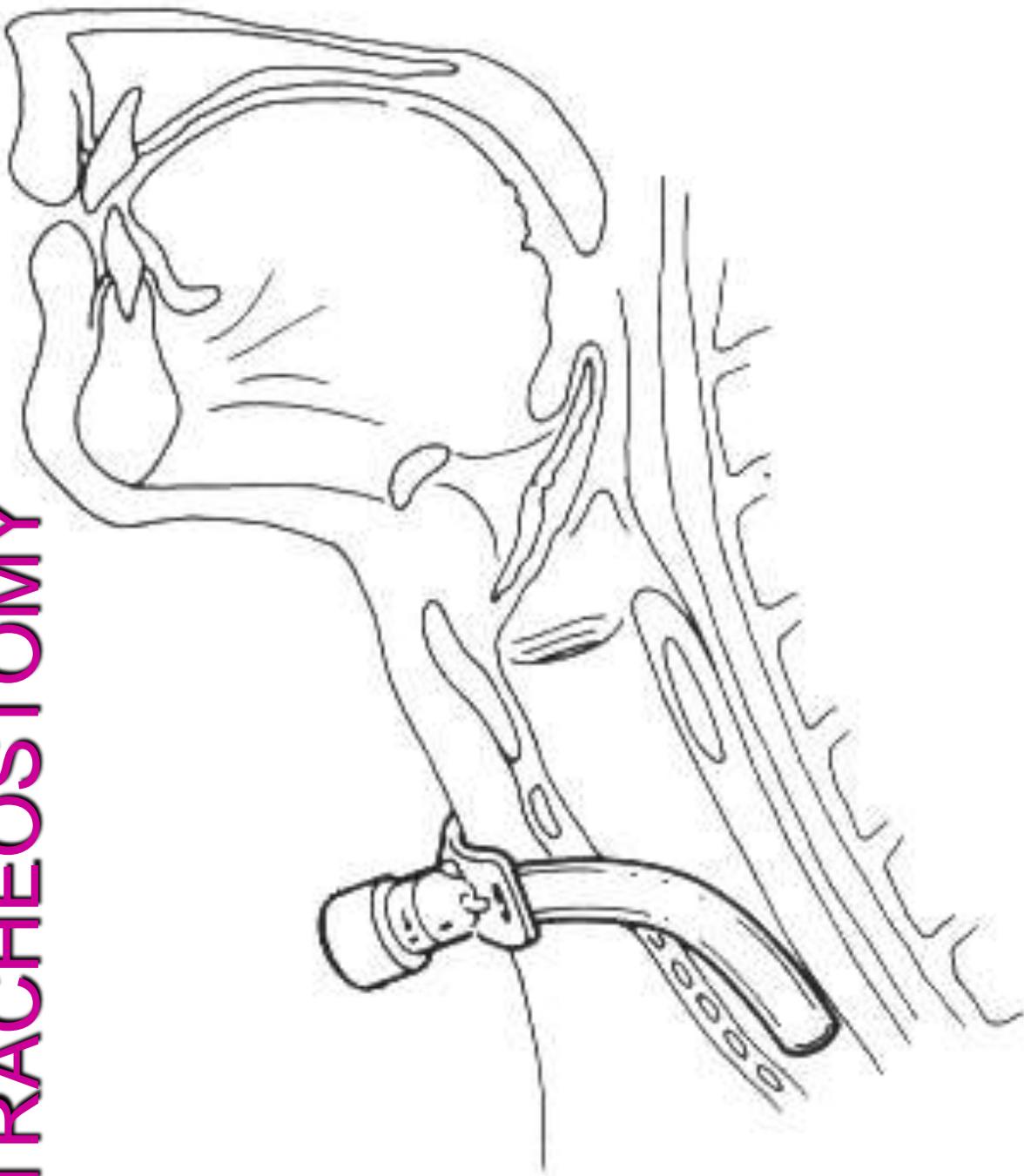




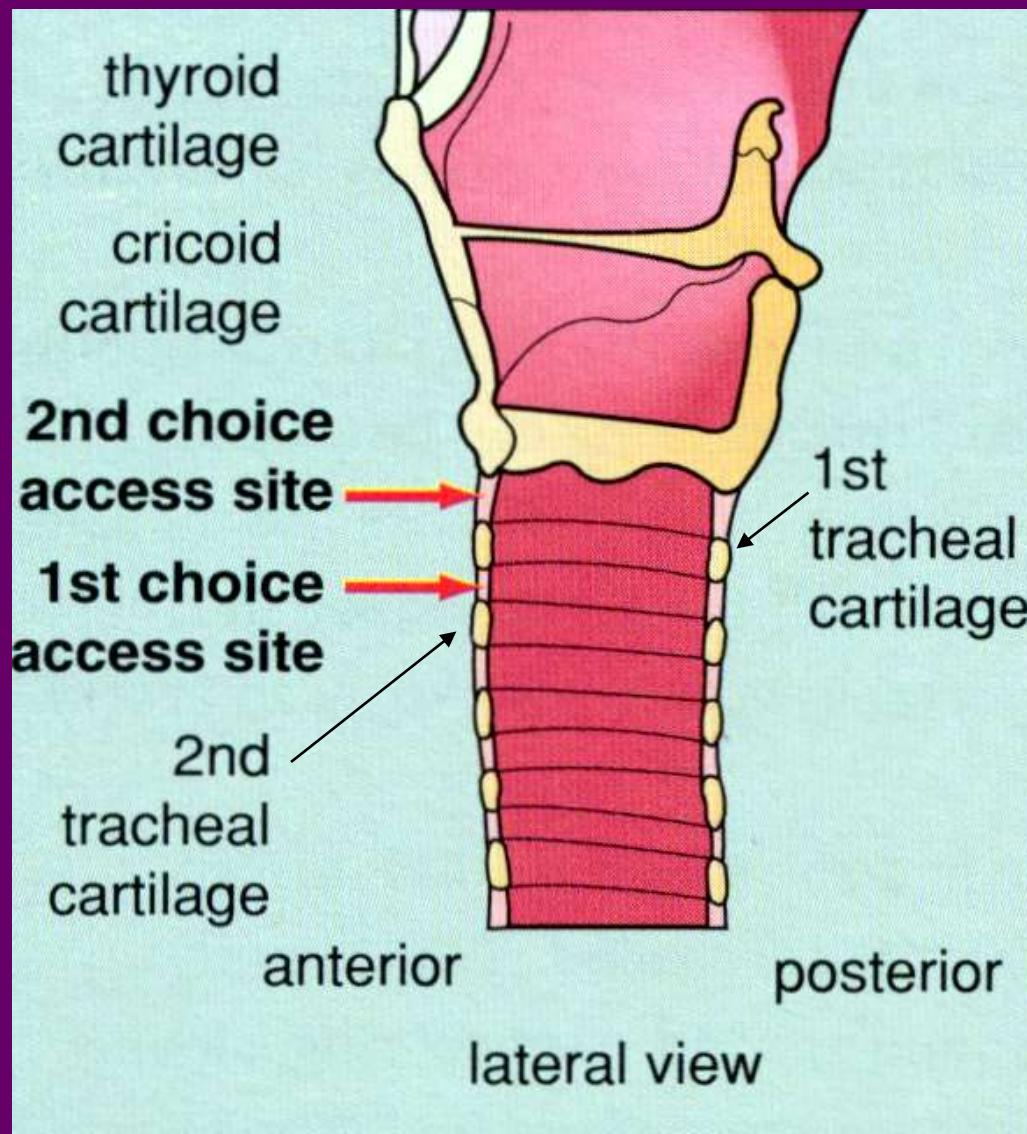
FIBEROPTIC NTI



TRACHEOSTOMY



TRACHEOSTY Places



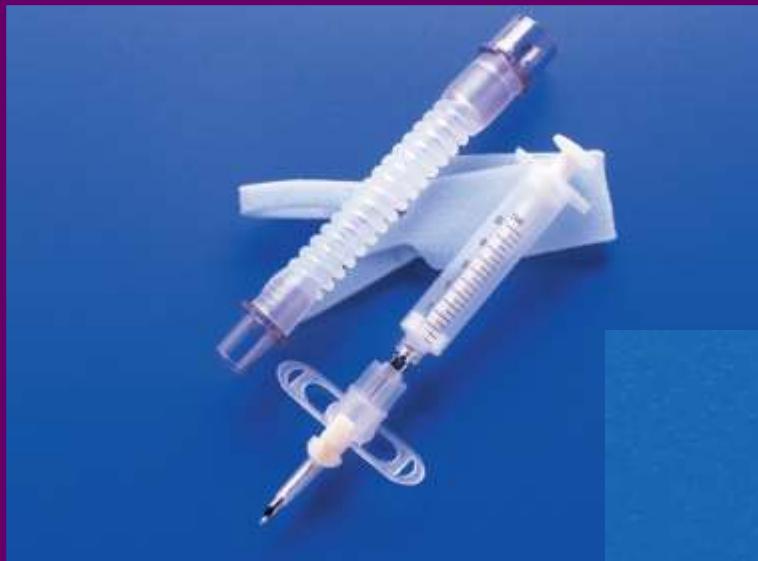
PDT Griggs, 1990



Forceps with
groove
for guidewire



QuickTrach



Emergency Cricothyroidotomy

Based on the simple description of 'stab, twist, bougie, tube', the ScalpelCric is meant to facilitate the execution of the scalpel technique.

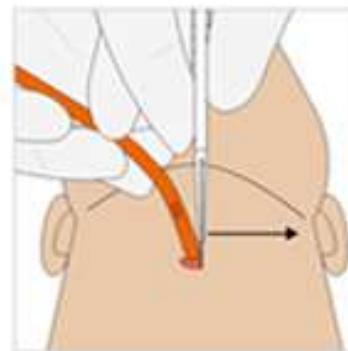
Scalpel-Bougie-Tube



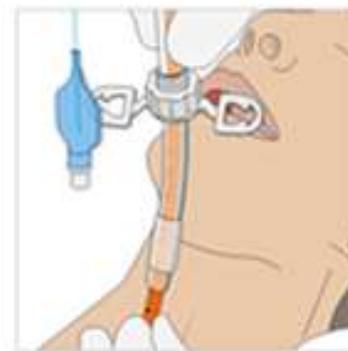
1. stab



2. twist



3. bougie



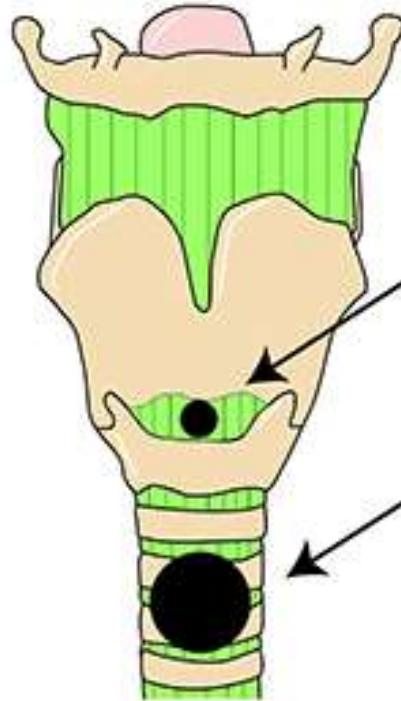
4. tube



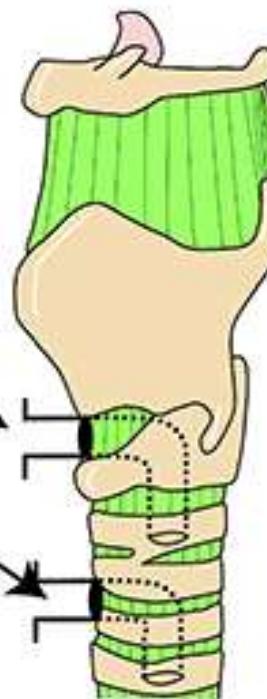
Difficult Airway Society

EMERGENCY ACCESS TO TRACHEA

Anterior



Lateral



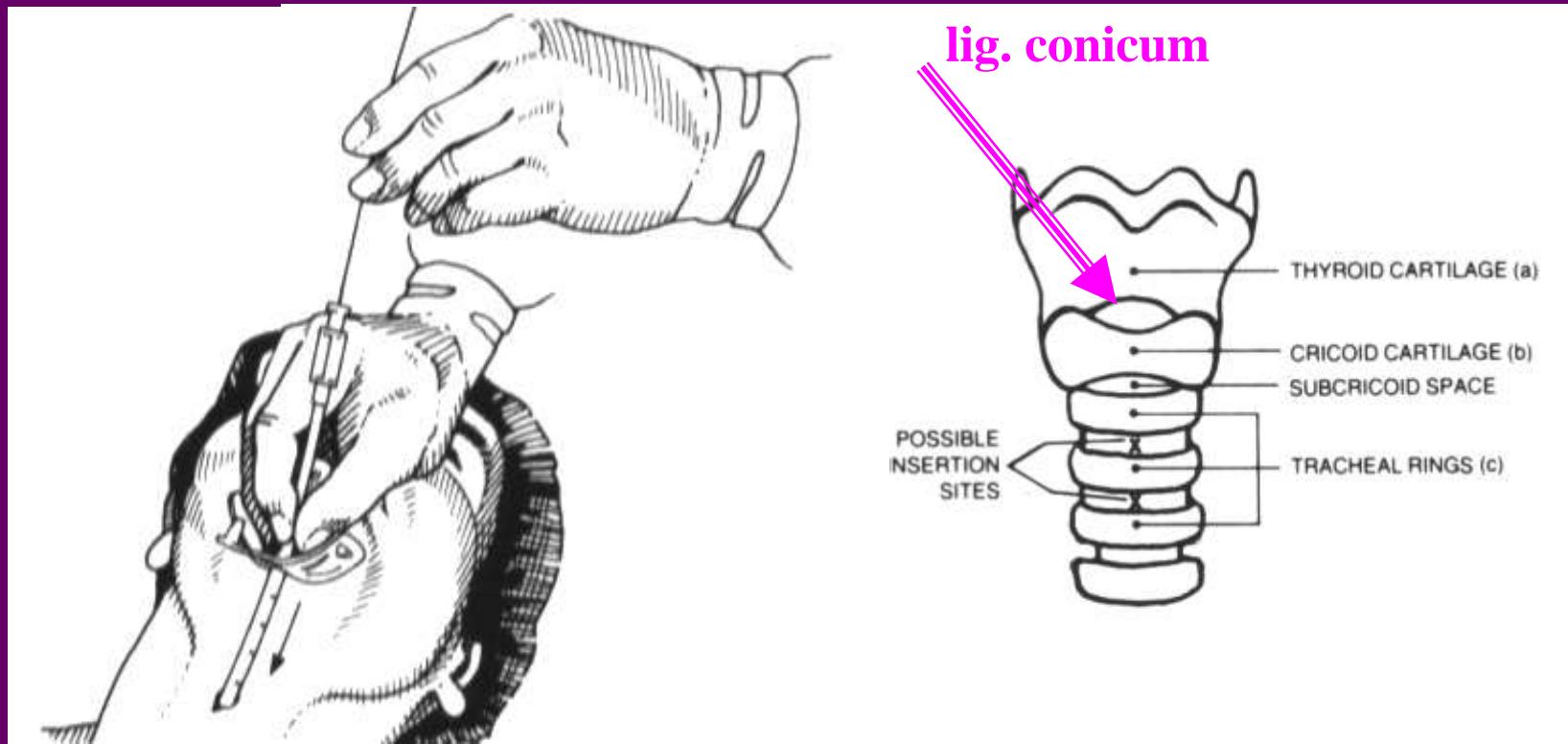
CRICOHYOIDOTOMY

Quick, relatively easy stab through cricothyroid membrane. Insert any small round airway such as a biro casing. Anaesthetic not essential. Life saving

FORMAL TRACHEOSTOMY

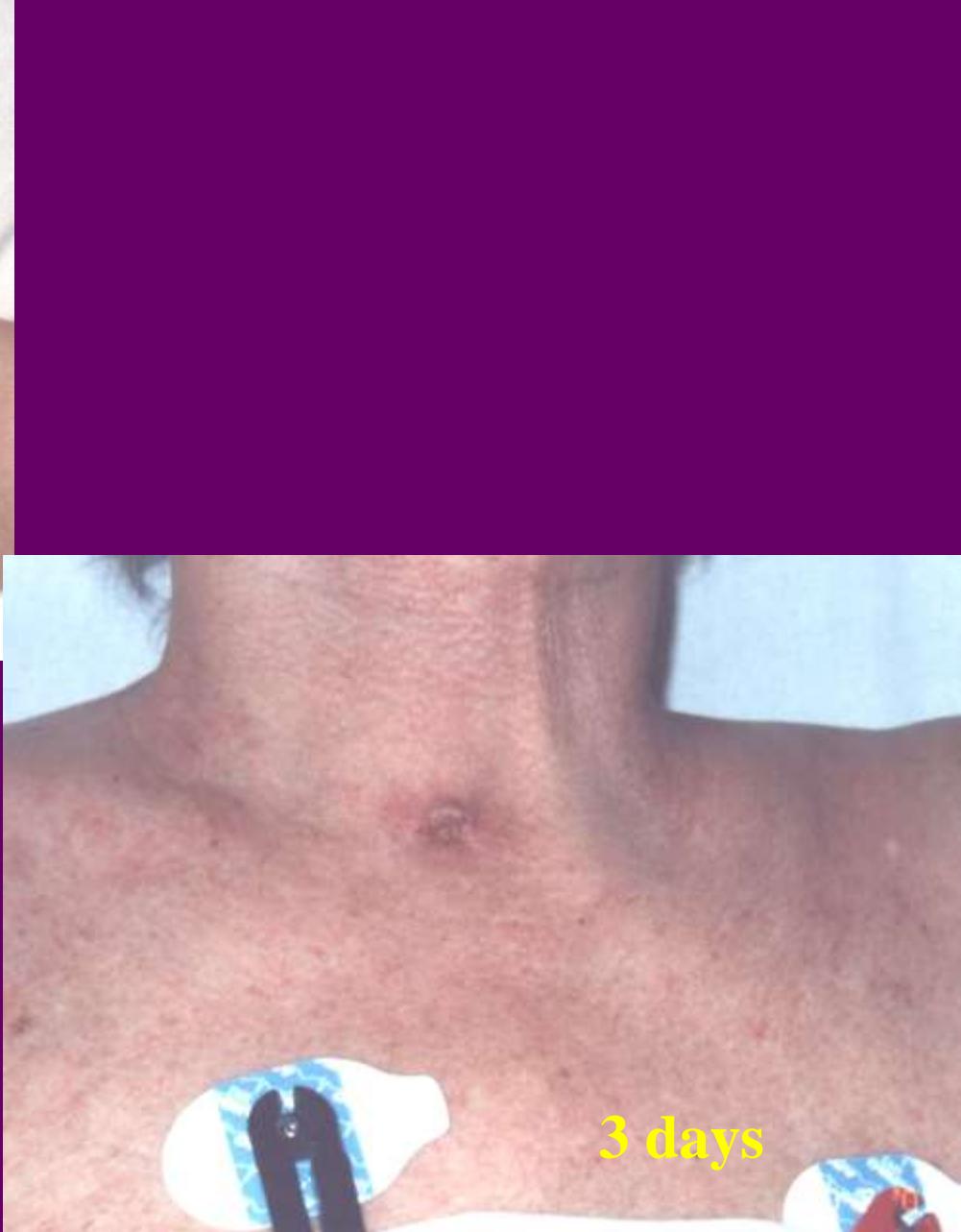
Not usually an emergency. Needs full anaesthetic. Ideal for temporary or permanent intubation. Hole cut in 2nd & 3rd tracheal rings, usually after dividing thyroid isthmus. Inferior thyroid veins can be troublesome

MINITRACH Seldinger

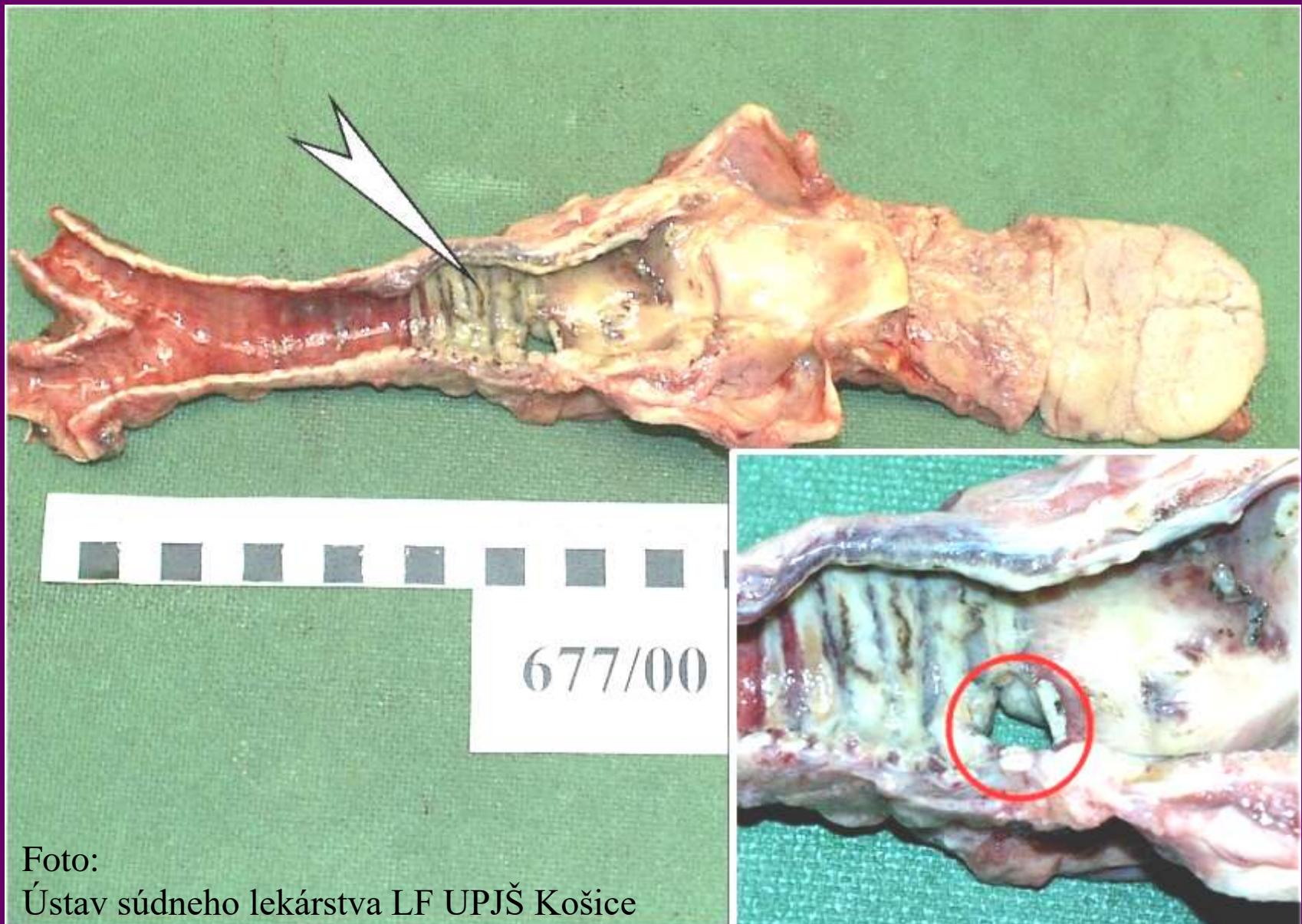


Cricothyroidotomy: 5, x = 96% <40 s,

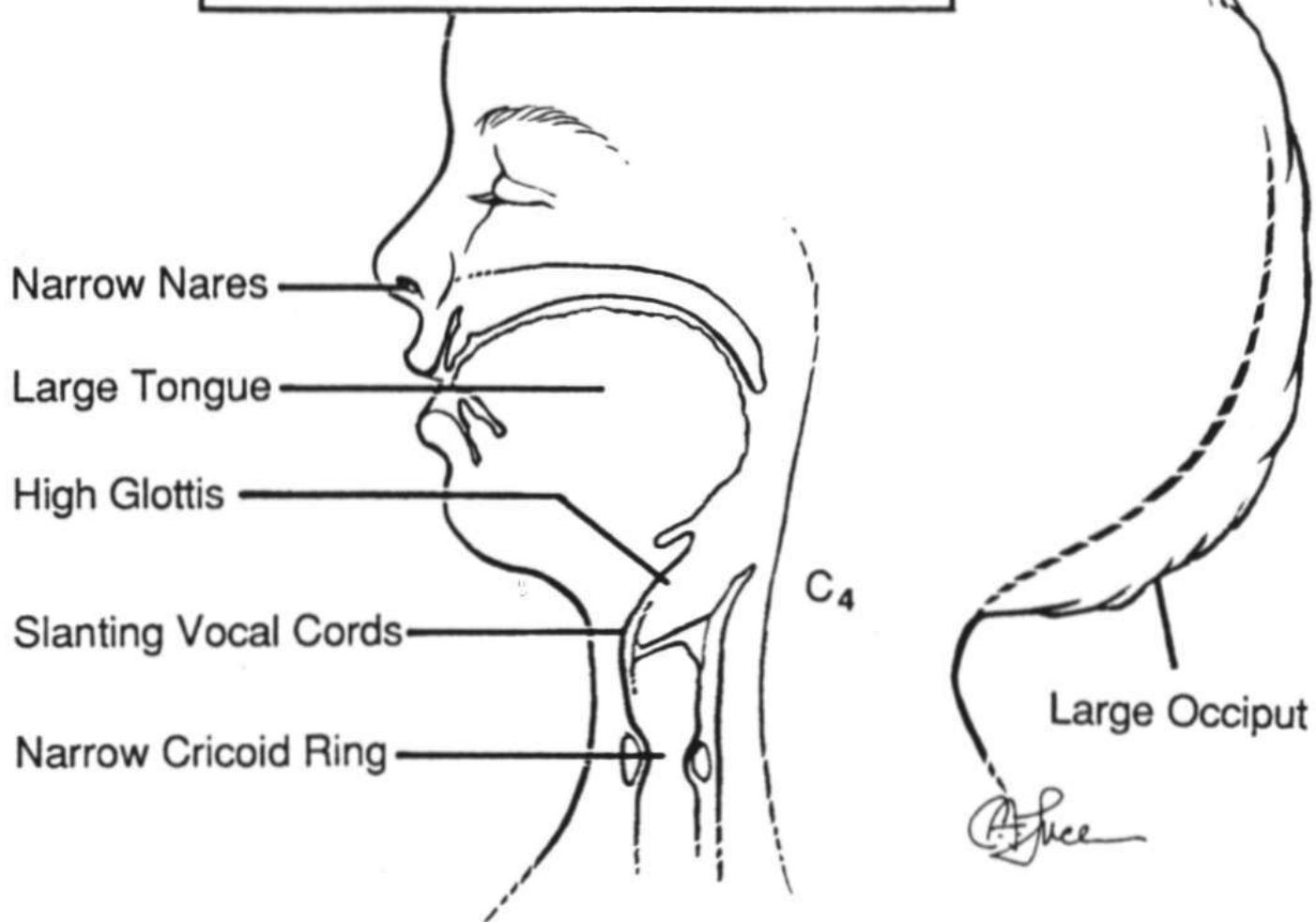
David T. Wong et al.: What Is the Minimum Training Required for Successful Cricothyroidotomy? A Study in Mannequins. Anesthesiology 2003; 98:349–53.



Result of ETI



Complicating Anatomical Factors in Infants



DIFFERENCES IN LARYNX SHAPE IN ADULTS (A) & CHILDREN (B)

