

# A Nick in time saves nine

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Medicine**

- 65 y/o M,

- Presenting Complaints

- Acute onset of breathlessness since 2 hours

# *ON ARRIVAL:*

- **AIRWAY:** *patent*
- **BREATHING:** *Tachypneic, SpO2 → 78% in RA, b/l rhonchi and wheeze*
- **CIRCULATION:** *110 bpm, 130/90 mmHg*
- **GCS:** *E4 V5 M6, Pupils: b/l Reactive, equal*
- **Adjuncts:** **ECG/ABG/CXR/BSL**



R

PORTABLE  
MICU

Acq Tm 09:15:03

W:4276 L:3040

Dr. D. Y. Patil Medical College and Hospital.

3480 X 4248

Chest

CHEST AP

09:15:03

ZOOM: 0.19x

# *Differentials:*

- Infective exacerbation of OAD
- Viral Pneumonia

- **In spite of treatment → Still s/o increased work of breathing, severe tachypnea**
- **Patient placed on NIV**

- While on NIV, patient showed no signs of improvement
- He was becoming drowsy
- Respiratory efforts began to diminish
- Patient was taken up for intubation

Preoxygenation ↓ Premedication

Intubation Failure

Oxygenation ↓ Bougie assisted

Intubation Failure

EMERGENCY CRICOTHYROIDOTOMY





# History of Presenting Illness

- h/o seizure episode around 4 hours prior to ED arrival
- During post ictal state relatives give h/o 2 episodes of emesis.
- Approximately 2 hours later → sudden onset of SoB

- AMPLE history
  - No allergic history
  - h/o CVA and seizure disorder.
  - GTCS 4 hours ago

- ***ON EXAMINATION:***

- ***RS:*** b/l equal air entry with minimal wheeze + rhonchi
- ***CVS :*** S1 S2 +, no added sounds murmurs
- ***P/A:*** soft/ no guarding/rigidity/BS +
- ***NS:*** HMF intact/no FNDS

- ***Workup:***

- ***Blood Investigations:*** CBC/SERUM ELECTROLYTES/  
RFT/LFT/BLOOD CS/URM

- Covid 19 RAT

- ***Treatment:***

- Antimicrobial Cover

- Antiepileptics

- IV Fluids

DISCUSSION

EMERGENCY  
CRICOTHYROIDOTOMY

# INTRODUCTION

- Establishment of secure airway is of prime importance to Emergency Physician
- Physician using drug assisted intubation should be knowledgeable and skilled in performing a cricothyroidotomy



# BRIEF HISTORY



DR. CHEVALIER JACKSON

DR. OTTO C. BRANTIGAN



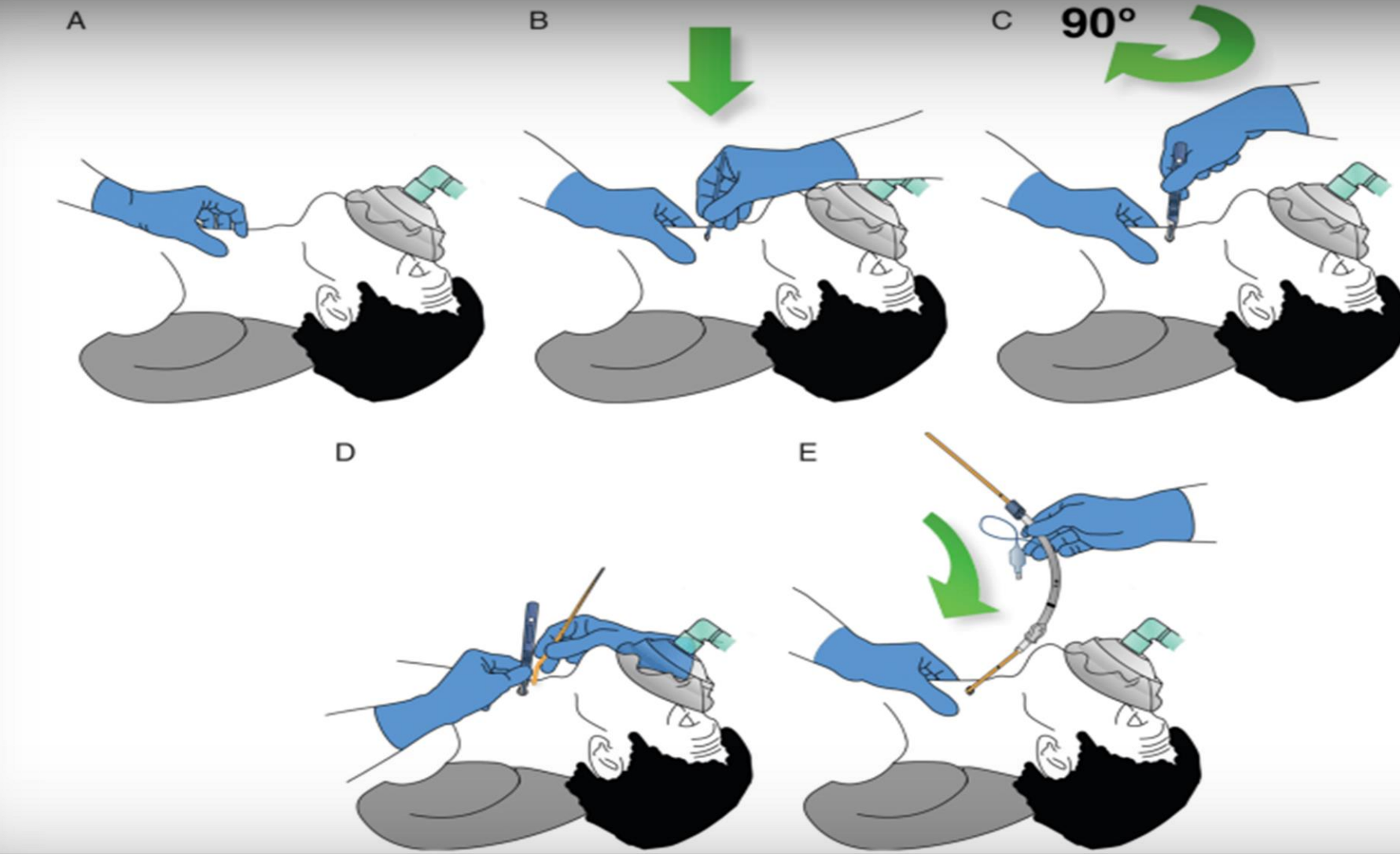
- Emergency Cricothyrodotomy:

- **Indication: failure to intubate**

# *The advantages...*

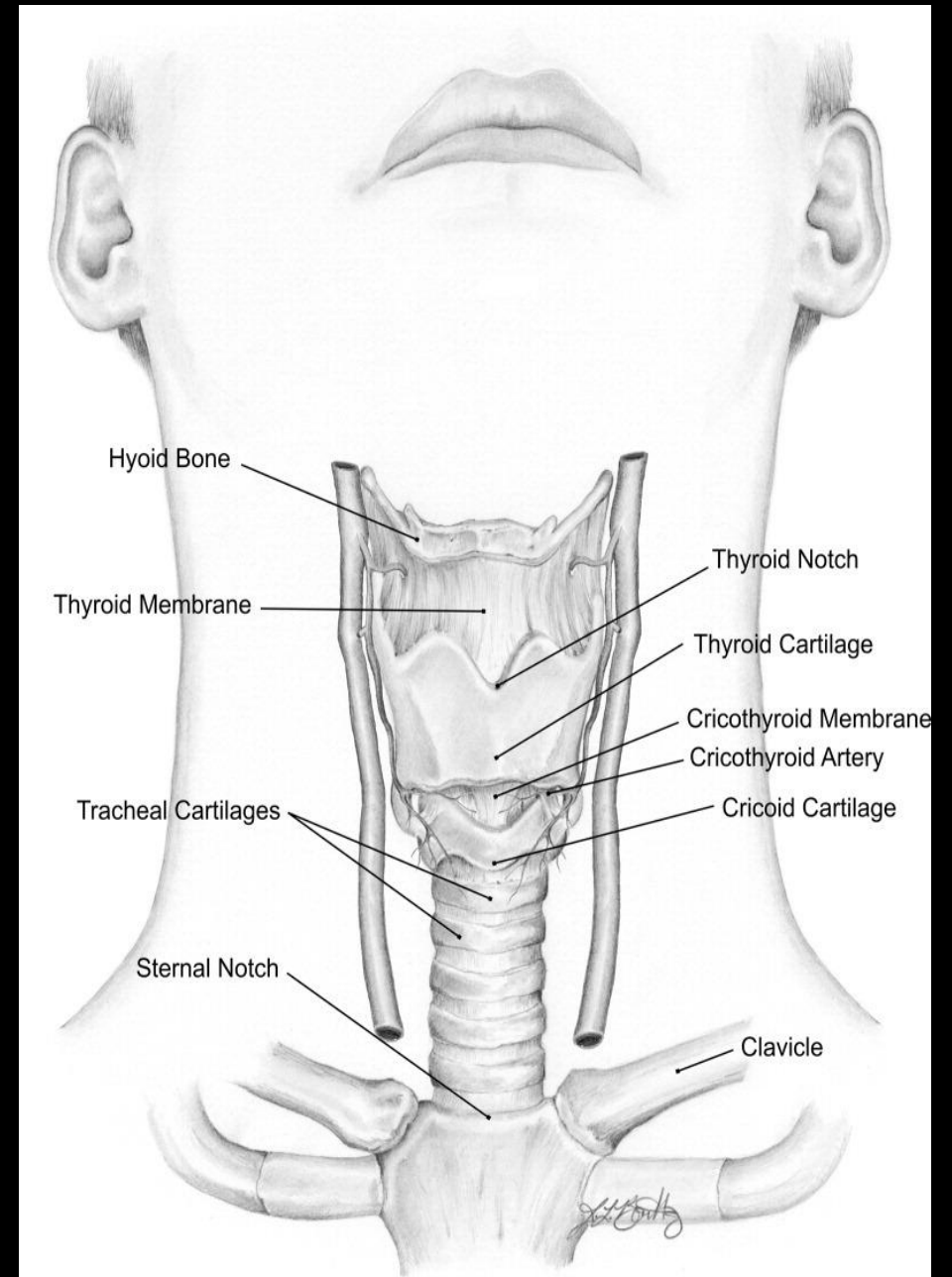
- Cricothyroidotomy has numerous advantages.
  - faster, and safer to perform.
  - can be performed in less than 2 minutes
  - Bedside procedure.
  - Superficial, easily seen, and easily palpated.

- Technique: Scalpel finger bougie technique



## ***COMPLICATIONS:***

- Complications to be wary of
  - Bleeding
  - Tissue injury



***Always be prepared!***

Thank you