

Resuscitation & Crisis

Shock

- Hypovolaemic - fluids, blood, stop bleeding
- Distributive - fluids, adrenaline or other vasopressors
- Cardiogenic -
 - normalise cardiovascular parameters
 - Consider anti-thrombotics
 - Consider intubation if appropriate
 - Monitoring especially post op
- Obstructive - Rx underlying cause

Severe Hypoxia

- generic causes:
 - ischaemia/stagnant hypoxia = local restriction of flow of well oxygenated blood
 - eg cerebral, IHD, intrauterine
 - hypoxaemic hypoxia =
 - ie low pp of O₂ in blood
 - causes widespread:
 - ↓FiO₂
 - hypoventilation
 - diffusion limitation
 - shunt
 - V/Q mismatch
 - histotoxic hypoxia = O₂ reaching cells, but they are unable to utilise it eg cyanide, or alcohol
 - hypemic hypoxia=
 - O₂ pp normal but total O₂ content reduced due to failure of Hb O₂ loading
 - eg CO poisoning, metHb
- Anaesthetic Causes:
 - Gas mixture:
 - Incorrect flowmeter settings
 - Second gas effect - NO (especially on extubation)
 - O₂ failure
 - Machine error
 - Failure to ventilate:
 - Vent depression or narcosis
 - Inadequate IPPV
 - Disconnection
 - Misplaced ETT - oesophageal/endobronchial
 - Airway obstruction - patient to machine
 - ↑airway resistance eg bronchospasm/laryngospasm
 - ↓FRC - Ptx, ↑intra-abdominal pressure, morbid obesity
 - Shunt:
 - Atelectasis
 - Airway secretions
 - ↓hypoxic pulmonary VC
 - Heart failure & APO
 - Gastric aspiration

- Pre-existing pathology - VSD/ASD
- Poor o₂ delivery in body:
 - Systemic hypoperfusion - hypovolaemia/sepsis
 - Embolus
 - Regional problems - Raynauds/vascular problems
- ↑O₂ demand -
 - Sepsis
 - Malignant hyperthermia
- Rx:
 - 100% O₂
 - Check FiO₂
 - Expose pt & check for central cyanosis
 - Check vent bilaterally
 - Hand ventilate on simple system - 4 large breaths for recruitment
 - Secure airway
 - Endotracheal suction
 - Initially remove PEEP (consider brief disconnection of circuit) then trial more
 - Adrenaline if losing pulses