SAQ – Retrieval

A 9yo boy collapsed at home with a headache. He is transported to your rural ED and intubated on arrival. An image of his CT brain is shown below. He has no other injuries.

What are your priorities to prepare this patient for aeromedical retrieval to a tertiary centre (12 marks)

Real case from MMC ED.

Why are they asking this question?

Why 9yo – does that change likely pathology/vital parameters?

Why rural ED?

ALREADY ETT, NO OTHER INJURIES

What are your PRIORITIES – at FACEM level?

Part 3 - SPECIFIC measures for this patient’s PRIMARY PROBLEM

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| **System** | Action | Justification |
| **Airway/breathing** | Ensure ETT secure, adequate oxygenationVentilate normal/low PCO2CXR, Cuff saline, NGT | Risk of dislodgement during transfer, CNS oxygenationReduce ICP by reduced cerebral vessel dilation |
| **Circulation** | 2 peripheral IV lines, SECUREDMaintain MAP 65* Fluids/pressors/antiHT
* Artline
 | Risk of dislodgementNeeds IV sedation/BP controlMaintain Cerebral blood flow |
| **Specific measures for this patient’s primary problem** | 30deg head up, neck tiesMannitolHypertonic SalineSeizure prophylaxisSedation/paralysis | Improve venous drainageReduce cerebral oedemaRisk of seizure, inc O2 reqManage vent/BP/blunt reflexes |

Burr hole = fail

Nifedipine – not acutely, not a priority

Specific aims for ventilation and why

“adequate IV access” ?? CVC?!?!?, >3 accesses??

MAP 65 not >85 , no aim SBP <165 in 9yo.

Not permissive hypotension

30deg head up to improve venous drainage, not just improve CPP. “neuroprotective” – in what way?

Tranexamic acid – maybe?

Antiemetics not priority in ETT/sedated/paralysed patient

Seek and treat coagulopathy?

Temp and glucose reasonable general things but not specific for his primary problem