



Recap Day 1 & 2



Muhimbili Karolinska
Anaesthesia & Intensive Care Collaboration
www.mkaic.org • info@mkaic.org





1000 mothers die every day

Most common cause is haemorrhage

Solution is ABCDE!





Why should we use ABCDE?





- We need a system when stressed
- Easy to remember
- Treats most urgent things first





A = Airway

How do you assess Airway?





- LOOK LISTEN FEEL
- Feel breaths
- Look in mouth/ at chest
- Listen breathing
- Snoring? Gurgling?





How do you treat Airway problem?



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- Chin Lift
- Jaw Thrust

- Oro-pharyngeal airway
- Lateral position (not lying flat on back)
- Suction
- Intubation





B = Breathing

How do you assess Breathing?





- Count breathing rate
 - Normal <20. Critical >30/min
- Listen lungs
- Pulse oximetry: saturation >95%
- Cyanosis





How to treat Breathing Problem?



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- **OXYGEN**
- Nasal Prongs 2-4L
- Mask >5L
- Bag & Mask
- Intubate & Ventilate





C = Circulation

How do you assess circulation?





Pulse <100

Capillary refill time (>2secs)

Blood pressure >100

Conscious level

urine output

skin colour, feel





How do you treat shock?



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IV cannula - big
IV fluid FAST!!!

R Lactate/N Saline/Blood
500ml or 1000ml

REASSESS and REPEAT!!!

Stop bleeding
Aortic Compression





D = Disability (Conscious Level)

How to assess conscious level?





AVPU

What does it stand for?



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Alert

Voice

Pain

Unconscious





How to treat reduced conscious level?





Clear airway!

Treat underlying cause (haemorrhage?)

Glucose?

Eclampsia – give Magnesium immediately





- E – Everything else
- History, examination, investigations
- Diagnosis





Physiological changes in pregnancy

- Pregnant women:
 - can be difficult to intubate
 - high risk of aspiration
 - become hypoxic quickly – 1minute!

- What should we do?





- Assess the airway
- Be prepared – emergency drugs and equipment
- Call for help
- Pre-oxygenate
- Intubation safer than mask ventilation
- RSI
- Ventilate if intubation fails



Physiological changes in pregnancy

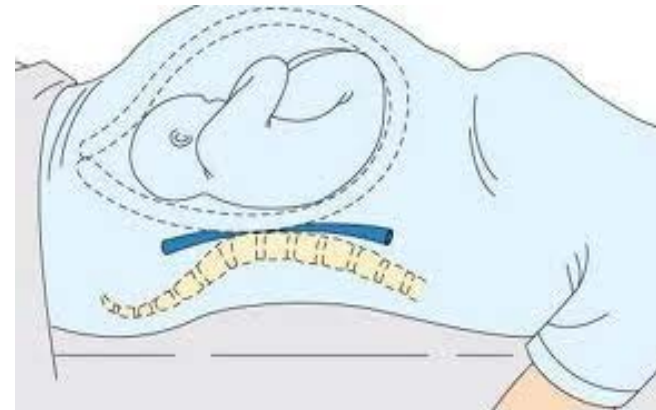


- Hypotension common after anaesthetic – why?





- Vena Cava Syndrome
- Bleeding
- What should we do?





- Large IV, IV fluids, Blood?
- Ephedrine early
- Wedge! The Mulungu Tilt!



Spinal Anaesthesia



- Safer than GA
- Bupivacaine best
- Level up to T4-T5
- Early ambulation

- What are contraindications?





- Patient refusal
- Hypovolaemia





- What are important preparations before a spinal?





- Large IV cannula
- IV fluid
- Ephedrine in the theatre
- Full equipment to do GA
- Wedge
- Monitoring (BP, HR, saturation)

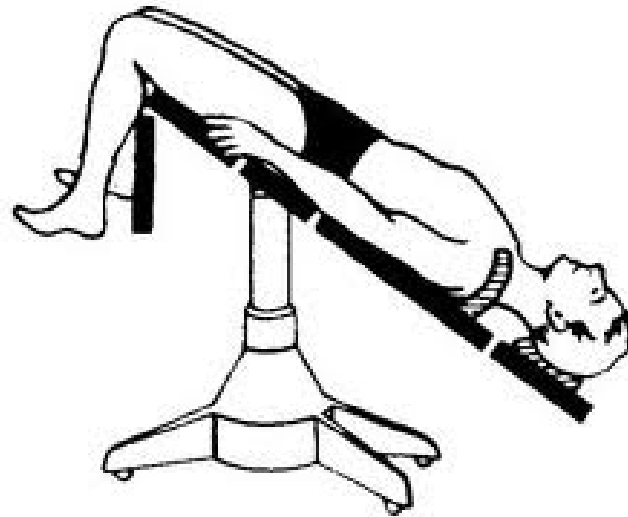




- How to treat hypotension in spinal?



NO!





YES!



Give fluids



Ephedrine

Course in Obstetric
Anaesthesia 2012

Spinal Anaesthesia



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RSI



- When should we do RSI in obstetric anaesthesia?





- Always?





- How do we do an RSI?





1. Suctioning ready for use
2. Position head
3. Preox 3 min
4. Thiopenthal 4-7 mg/kg
5. Succinylcholine
6. No ventilation
7. Intubate
8. Ventilate and listen





- What should you do if you fail to intubate?





- Ventilate!





Bleeding

Normal <500ml

What are the 4Ts of post-partum haemorrhage?





T-Tone	Atony	70%
T-Trauma	Lacerations	20%
T-Tissue	Retained placenta	10%
T-Thrombin	Coagulopathy	1%

Uterine atony 3500ml/5 min





What should we do in post-partum haemorrhage?





- IV cannula, IV fluids
- Be prepared for blood transfusion early!
- May need many bags of blood (not just 1)
- Stop the bleeding
 - Surgery
 - Aortic compression

- Who should do aortic compression?





Anyone!

- Saves time for **ABC**
- Easier to see
- Time for decision making;
Medication? Suturing?
Surgery?



Lifesaving



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Preparing for anaesthesia



Why should we be well prepared before starting anaesthesia?



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- We can focus on the patient not on equipment
- When it happens, it happens fast
- When it happens we can stay with the patient





How should we prepare?



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- Test anaesthesia equipment
- Test function of laryngoscope
- Tilting table
- Emergency box
 - What should be in the box?



Emergency Box



Adrenaline

Atropine

Ephedrine

Thiopentone

Ketamine

Suxamethonium

Coffee

Oxytocin

Magnesium

R Lactate / N Saline /
Glucose

Oropharyngeal
airway adult & baby

Naso-pharyngeal
airway

ETT adult & baby

Laryngoscope

Spare battery

Torch

Suction tubes

Bougie

Introducer (stylet)

Magill

Bag & mask adult &
baby

Oxygen masks adult
& baby

Nasal cannulae

IV cannulae

Tourniquet

Syringes

Giving sets

Blood sets

Gloves

Pulse oximeter

Intraosseous needle

Infusion pressure
bag

Pen

Tape

Checklist





- How to make sure we are prepared?





- Checklists!
- Named person responsible for emergency box daily / before every case



Neonatal Resus



- How should we do it?





- Call for help
- Start the clock
- Radiant heater
- Assess the child: Look, Listen, Feel
- Stimulate
- ABC



Airway



- Position!
- Oropharyngeal airway
- Suction (not often, not much)



Breathing



- Apnea or pulse rate $< 100 \rightarrow$ **Ventilate!**
- Frequency: 60 /min
- Look, listen, feel

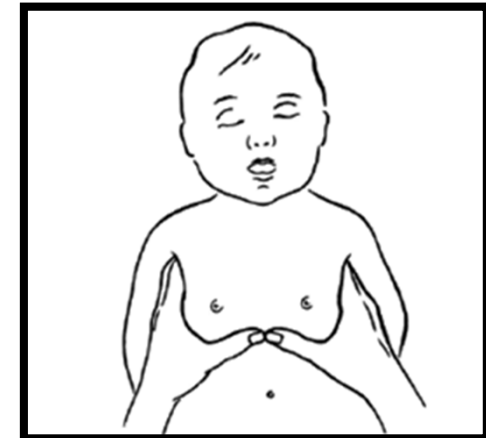




Circulation

- HR less than 60: start compressions
- 100/min, 1/3 of the depth of the thorax
- Compressions to ventilation ratio 3:1

The compressions will have no effect without ventilation



Take Home Messages



- Be prepared
- ABC approach
- Teamwork
- Communication between surgeons and anaesthetists





- Essay competition



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Timetable Thursday



- 9.00 Recap
- 9.30 Checklists & Pulse oximetry (Coffee)
- 11.15 Ketamine
- 11.45 Prioritising & optimising patients pre-surgery
- 12.15 Recovery room, Pain relief
- 12.45 Post-course test
- 13.15 Lunch
- 14.00 The Professor: Saving Mothers Lives
- 14.30 Feedback, essay competition
- 15:00 Test discussion & certificates
- 15.30 Closing address
- 16.00: End

