

MKAIC

Muhimbili-Karolinska
Anaesthesia &
Intensive Care Collaboration



Intensive Care

Muhimbili National Hospital
9-11 November 2011

Recap Day 1&2

What have we learnt so far?

ABCDE!

Airway

How to assess airway?

Airway

Look, Listen, Feel

Noisy breathing?

Chest movements?

Normal? Able to talk?

Airway

How to treat airway problem?

Airway

Chin lift

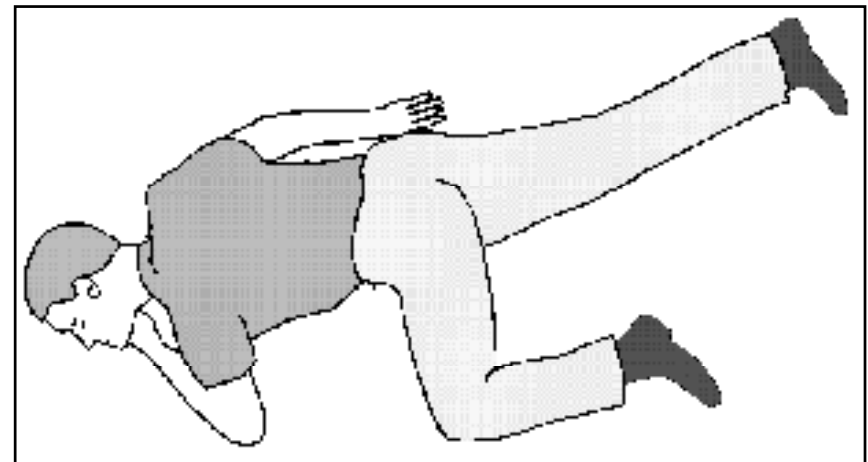
Jaw thrust

Recovery position

Suction

Oropharyngeal airway

Intubation



Breathing

How to assess breathing?

Breathing

Count resp rate

Look chest

Listen chest

Oxygen saturation

Breathing

How to treat breathing problem?

Breathing

How to treat breathing problem?

Oxygen!

Circulation

How to assess circulation?

How to assess circulation?

Pulse

Capillary refill time (>2secs)

Blood pressure

Conscious level

urine output

Circulation

How to treat shock?

Circulation

How to treat shock?

IV cannula

IV fluid 20ml/kg FAST!!!

R Lactate/other

REASSESS and REPEAT!!!

Disability (Conscious Level)

How to assess conscious level?

Disability (Conscious Level)

How to assess conscious level?

AVPU

Alert

Voice

Pain

Unconscious

How to treat reduced conscious level?

How to treat reduced conscious level?

Glucose

5ml/kg 10% dextrose

Eg 10kg child = 50ml 10%

Circulation & Fluids

Shock!

Types of shock?

- Hypovolemic
- Septic
- Neurogenic
- Cardiogenic
- Anaphylactic

Signs & Symptoms in shock?

- fast pulse
- weak pulse
- slow capillary refill time (>2s)
- low blood pressure
- narrow pulse pressure
 - a small difference between the systolic and diastolic blood pressure
- fast breathing
- poor urine output
- confusion / reduced conscious level

Main treatment in all types of shock?

FLUIDS

20ml/kg

then reassess...

Position patient

Stop bleeding

Adrenaline 0.3mg IM in anaphylactic shock

Fluids required by a patient =

1. Treat Shock
20ml/kg

2. Previous Losses
(eg dehydration 100ml/kg)

3. Normal requirements

100 / 50 / 20

4 / 2 / 1

3L adult

Eg 60kg woman, dehydrated, shock

- Treat Shock: 1200ml bolus,
 - reassesses: no shock
- Treat dehydration 6000ml
 - (4800 ml over 4-6hrs)
- Maintenance
 - (3000 ml over 24hrs)

Urine output

- 30ml/hr
- 0.5mg/kg/hr
- If low:
 - Check blocked catheter
 - FLUIDS!!!
 - Not frusemide or dopamine

AVPU

- Easier and as good as GCS
- Glucose

Nursing care

- Good reports

- Check ventilator settings: may have changed since doctor chose

- Daily weight

- NG feeding
 - Good
 - Not if may need acute intubation

- Light & Sound

- Should suspect pain in critically ill patients
- Especially if agitated/stressed
- Pain relief v important
 - Even if moribund
 - Even if drug addict (if in pain)
 - Careful if resp rate low
- Sedation less important

Today

Thursday timetable

8.00:	Recap
8.30:	Routines on ICU
9.30:	Pain relief, other
10.30:	<u>Coffee</u>
11.00:	3 most common diagnoses on ICU at MNH
11:45:	Seminars
12:30	Test
13.00:	<u>Lunch</u>
13.45:	Feedback
14.15:	Test feedback
14.45:	Closing address & Certificates
15:00	End