

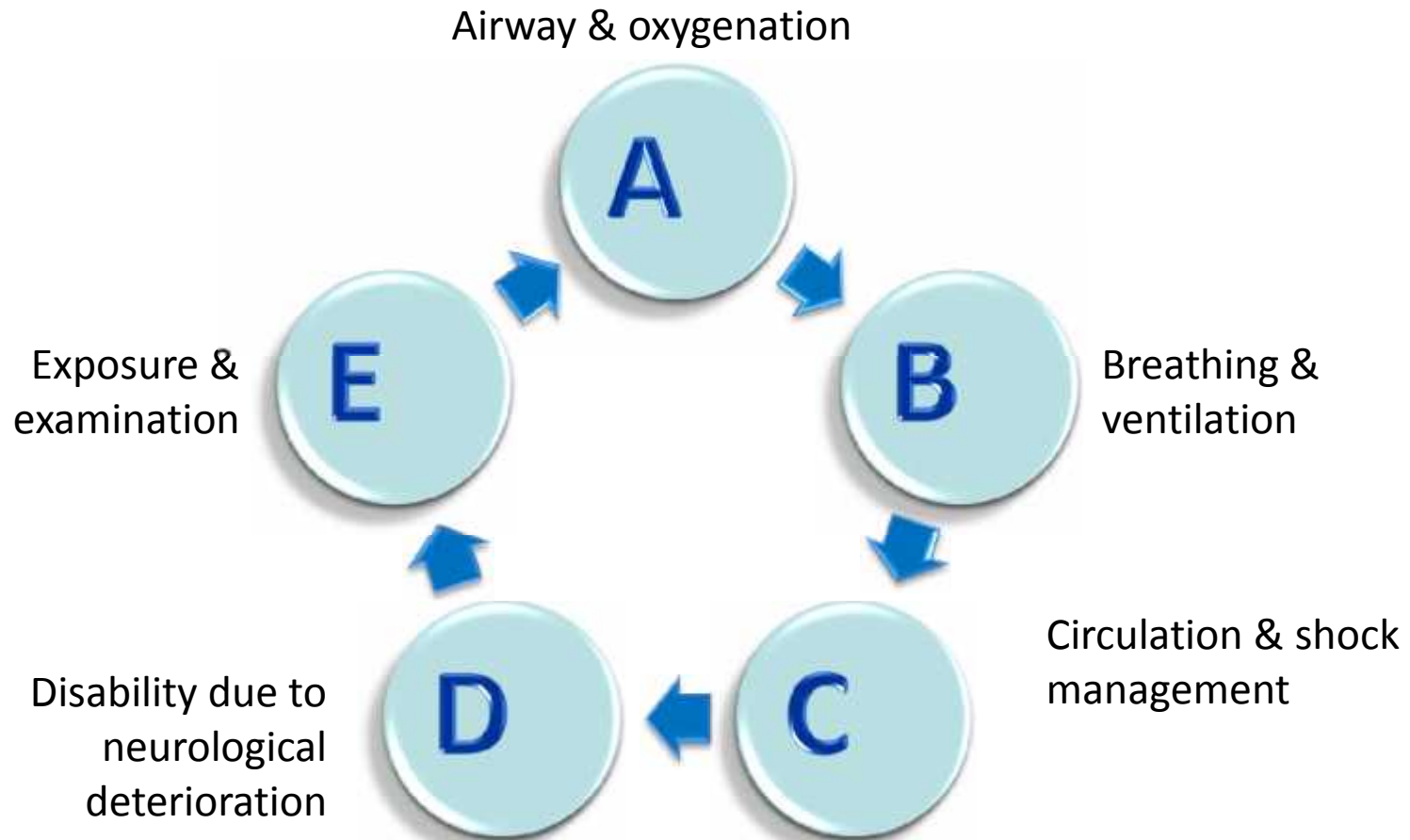


Airway, Breathing, Circulation Management

Presented by:

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The ABCDE approach is paramount in first assessment



Airway - Component

- Upper
- Lower

Airway - causes

A

- ↓ GCS
- Body fluids
- Foreign body
- Inflammation
- Infection
- Trauma



Airway - assessment



- Unresponsive
- Added sounds
 - Snoring, gurgling, wheeze, stridor
- Accessory muscles
- See-saw respiratory pattern

Airway – interventions (basic)

A

- Head tilt chin lift
- Jaw thrust
- Suction
- Oral airways
- Nasal airways



Airway – interventions (advanced)

A

- GET HELP!!!
- Nebulised adrenaline for stridor
- LMA
- Intubation
- Cricothyroidotomy
 - Needle or surgical



Once airway open...

A

- Give 15 litres of oxygen to **all** patients via a non-rebreathing mask
- For COPD patients re-assess after the primary survey has been complete & keep Sats 90-93%



Breathing Components

- Lung
- Diaphragm
- Respiratory muscle
- Brain
- Thoracic cage

Breathing - causes



B

- ↓ GCS
- Resp depressions
- Muscle weakness
- Exhaustion
- Asthma
- COPD
- Sepsis
- Cardiac event
- Pulmonary oedema
- Pulmonary embolus
- ARDS
- Pneumothorax
- Haemothorax
- Open pneumothorax
- Flail chest

Breathing - assessment



B

- Look
 - Rate (<10 or >20), symmetry, effort, SpO₂, colour
- Listen
 - Talking: sentences, phrases, words
 - Bilateral air entry, wheeze, silent chest other added sounds
- Feel
 - Central trachea, percussion, expansion

Breathing - interventions

B

- Consider ventilation with AMBU™ bag if resp rate < 10
- Position upright if struggling to breath
- Specific treatment
 - i.e.: agonist for wheeze, chest drain for pneumothorax



Circulation Components

- Pump
- Pipes
- Fluids

Circulation - assessment

C

- Look at colour
- Examine peripheries
- Pulse, BP & CRT
- Hypotension (late sign)
 - sBP < 100mmHg
 - sBP < 20mmHg below pts norm
- ↓ Urine output
- MAP
- PP



Circulation – shock



Inadequate tissue perfusion

- Loss of volume
 - Hypovolaemia
- Pump failure
 - Myocardial & non-myocardial causes
- Vasodilatation
 - Sepsis, anaphylaxis, neurogenic



Circulation - interventions



C

- Position supine with legs raised
 - Left lateral tilt in pregnancy
- IV access - 16G or larger x2
 - +/- bloods if new cannula
- Fluid challenge
 - colloid or crystalloid?
 - blood products
- ECG Monitoring
- Specific treatment

Disability - causes



- Inadequate perfusion of the brain
- Sedative side effects of drugs
- ↓ BM
- Toxins and poisons
- CVA
- ↑ ICP

Disability - assessment



- AVPU (or GCS)
 - **A**lert, responds to **V**oice, responds to **P**ain,
Unresponsive
- Pupil size/response
- Posture
- BM
- Pain relief

Disability - interventions



D

- Optimise airway, breathing & circulation
- Treat underlying cause
 - i.e.: naloxone for opiate toxicity
- Treat ↓ BM
 - 100ml of 10% dextrose (or 20ml of 50% dextrose)
- Control seizures
- Seek expert help for CVA or ↑ICP

Exposure



- Remove clothes and examine head to toe front and back.
 - Haemorrhage, rashes, swelling, sores, syringe drivers, catheter etc
- Keep warm
- Maintain dignity

QUESTION???

CASE 1

Seorang laki laki usia 63 tahun, BB 63 kg mengalami KLL. Saat di IGD didapatkan hasil pemeriksaan sbb:

- N 102x/mnt
- RR 22 x/mnt
- TD 64/40 mmHg
- Akral dingin
- Deformitas (+) di regio femur (D)

Lakukan analisa kasus!

CASE 2

- Seorang laki laki usia 90 kg, BB 50 dibawa ke IGD dalam kondisi tidak sadar setelah jatuh di kamar mandi.
- Pemeriksaan di IGD:
 - N 64x/mnt
 - TD 150/90 mmHg
 - RR 32x/mnt
 - GCS 1-X-4
 - Pupil anisookor, dilatasi sisi kanan

Lakukan analisa kasus!