Crush introduction to anesthesia

Definition

- Mode of introduction to general anesthesia at high risk of aspiration.

Indication

- Use in high risk of aspiration (fasting patient, ileus etc.).
  - The patient is not hungry (suspected abdominal sudden event, trauma) in acute admissions;
  - ileus, upper gastrointestinal bleeding;
  - gastric atony, pyloric stenosis, hiatal hernia, Gastroesophagic reflux, esophageal diverticula, esophageal atresia;
  - pregnant from the 2nd trimester;
  - patients under the influence of alcohol, comatose or intoxicated patients;
  - uremic patients;
  - patient with increased intracranial pressure;
  - clinically manifest hypothyroidism.

Preparing the patient

- If there is time, the patient must be thoroughly prepared for the operation (medication to reduce stomach acidity with drugs such as – proton pump inhibitors, H2 receptor blockers, intestinal prokinetics , sodium citrate).
- In case of a very high risk of aspiration (pylostenosis or ileus of the small intestine and at the same time the patient is not fasting), we must introduce a gastric tube and aspirate the contents of the stomach before starting anesthesia - the tube is then removed again, as it can serve as a guide for gastric secretions (however, some authors recommend leaving the tube).
- If vomiting occurs during intubation, we immediately place the patient in the Trendelenburg position to prevent gastric contents from leaking into the airway.

Procedure

1. Reliable intravenous access.
2. Insertion of a gastric tube and suction of the stomach (subsequent removal or pulling out of the gastric tube).
3. After thorough preoxygenation (minimum 5 minutes).
4. Constantly ready suction.
5. We will perform an introduction to anesthesia ***(CAVE: WE DO NOT BREATHE THE PATIENT WITH THE MASK!)*** using a fast-onset muscle relaxant (Succinylcholine or Rocuronium).
6. The assistant applies the Selick maneuver (by pressing on the annular cartilage, we compress the esophagus).
7. After the onset of relaxation (with succinylcholine after the onset of muscle fasciculations) we intubate **ALWAYS A TUBE WITH AN INSTALLED CONDUCTOR**'.
8. Breathing through the mask and verifying the position of the tube only after inflating the cuff of the tube.

Links

Related Articles

-
  - Securing the airway
  - Securing the airways (half heels)
  - Endotracheal intubation
  - Difficult intubation

External links

- based-medicine-60951 Prolekare.cz Traditions and myths in ensuring DC in children (https://www.prolekare.cz/casopisy/anesteziologie-intensivni-medicina/2017-2/soucasne-trendy-v-zajisteni-dychacich-cest-u-deti-tradice-a-myty-versus-evidence-)