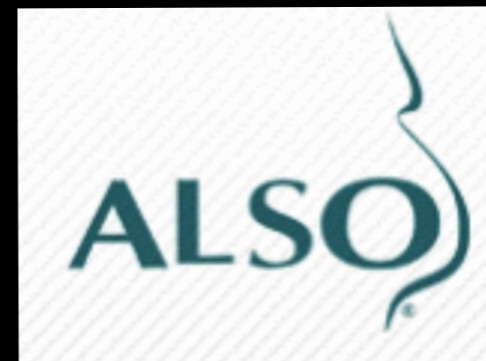


rural *masterclass*
KANGAROO ISLAND



a rural masterclass?

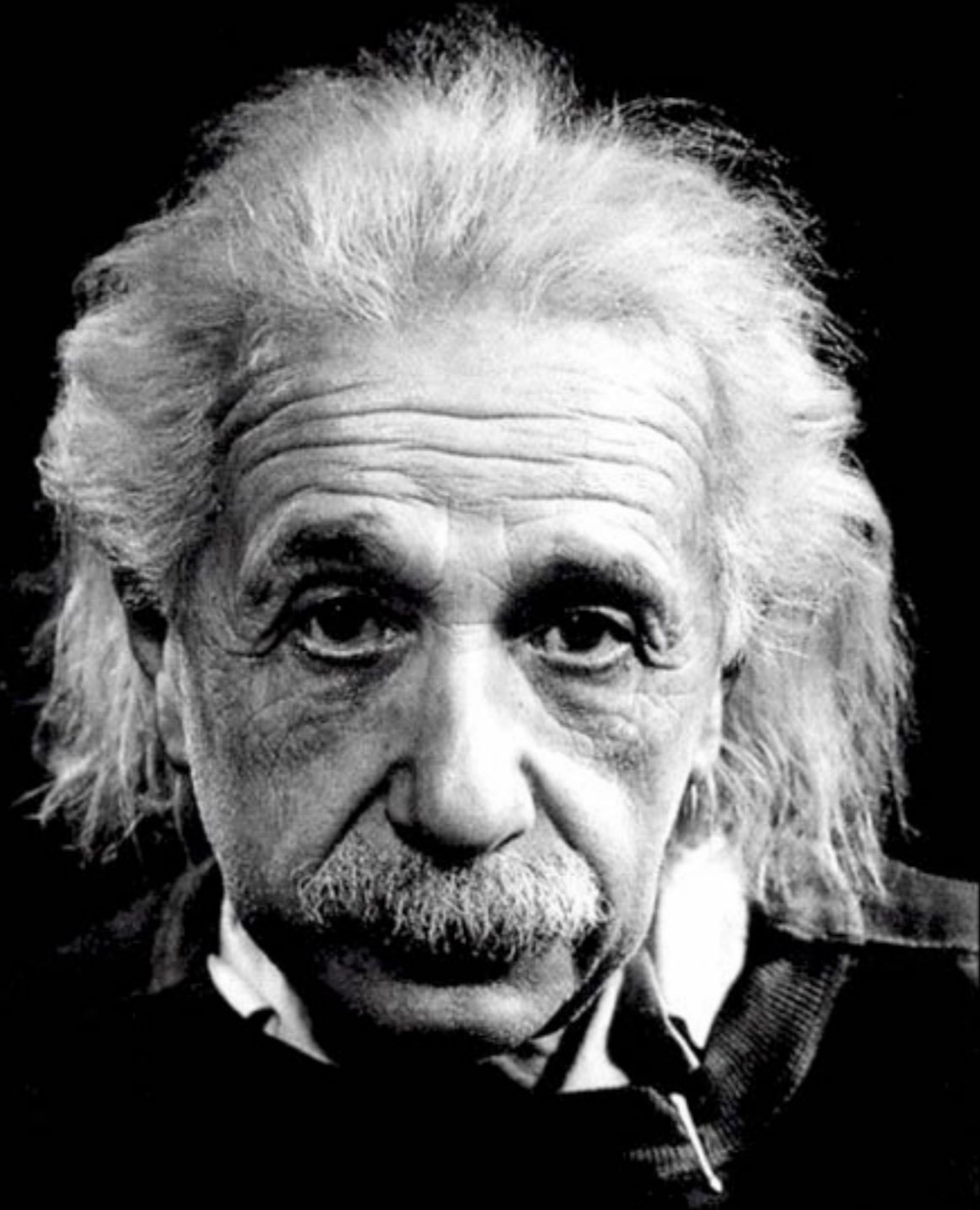




FRACGP FACRRM DRANZCOG JCCA

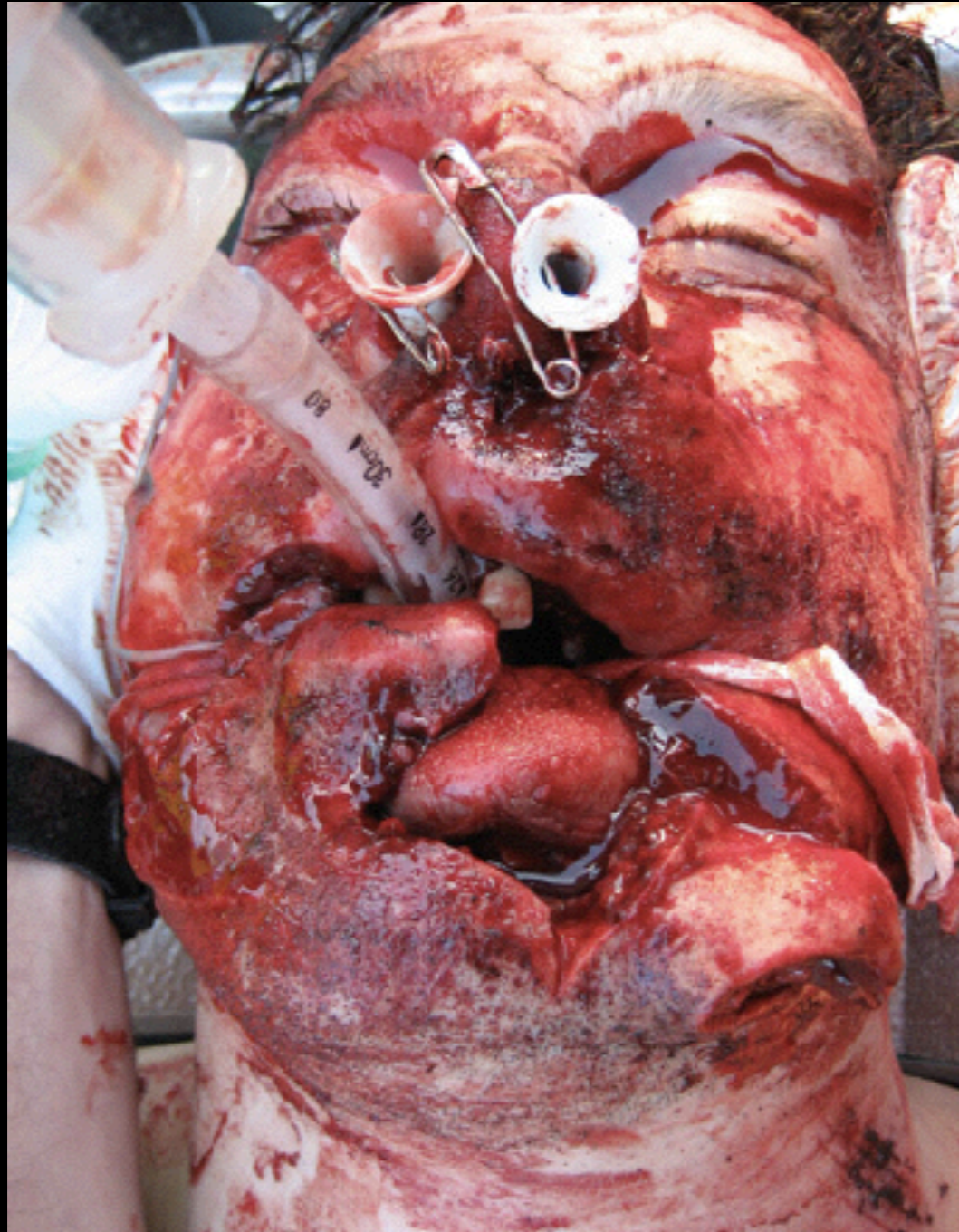
Postgraduate Training

MEDICAL DEGREE





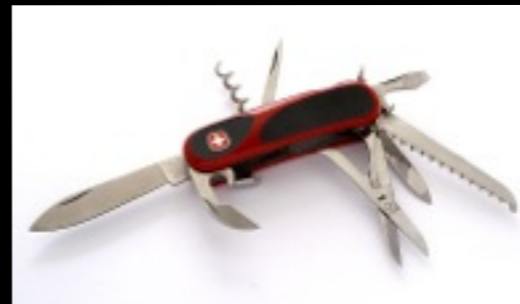
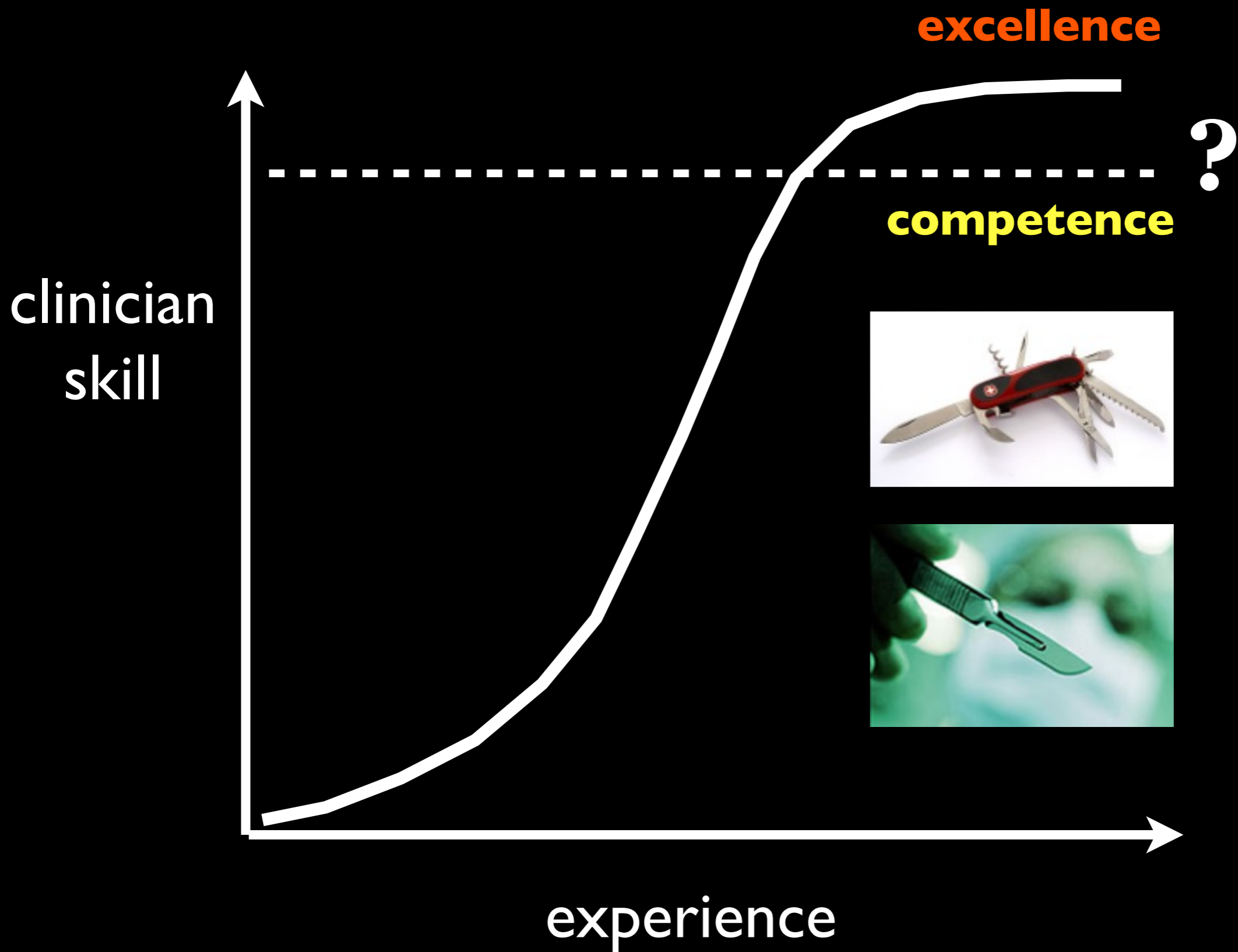
Permission Per Bredmose



CRITICAL ILLNESS
does not respect **geography**



avoid
mistakes?



If you want to know how we practiced medicine...

5 years ago - read a textbook

2 years ago - read a journal

now - go to a conference

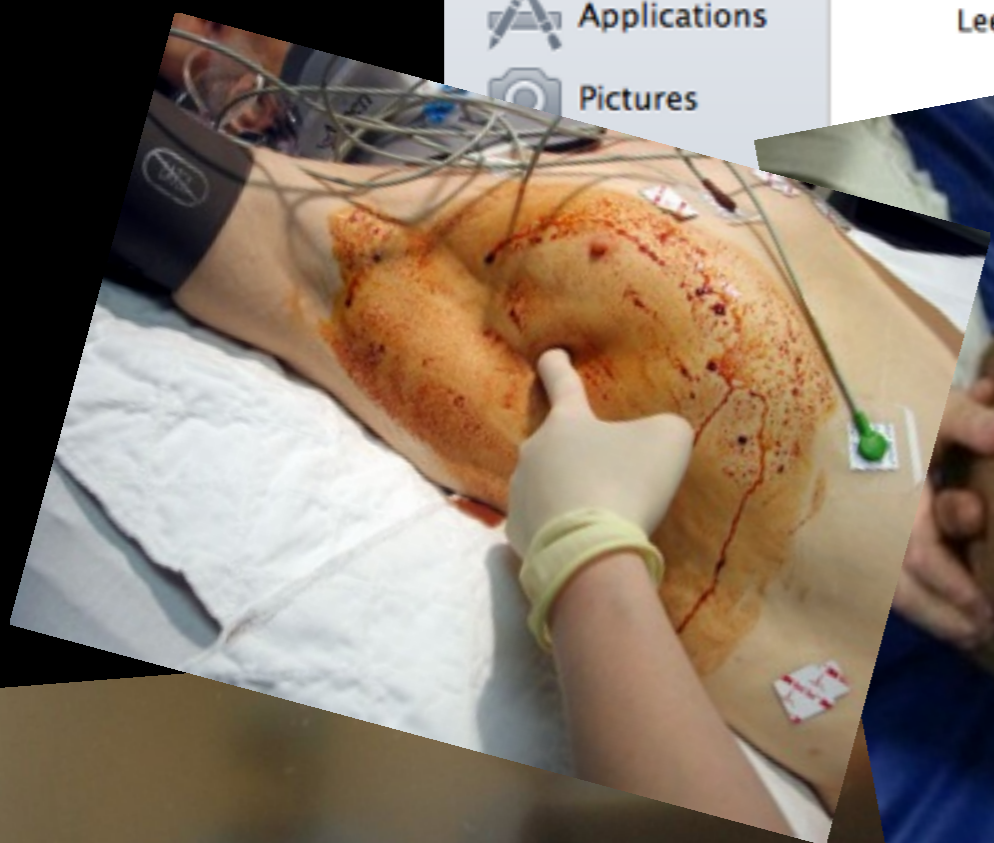
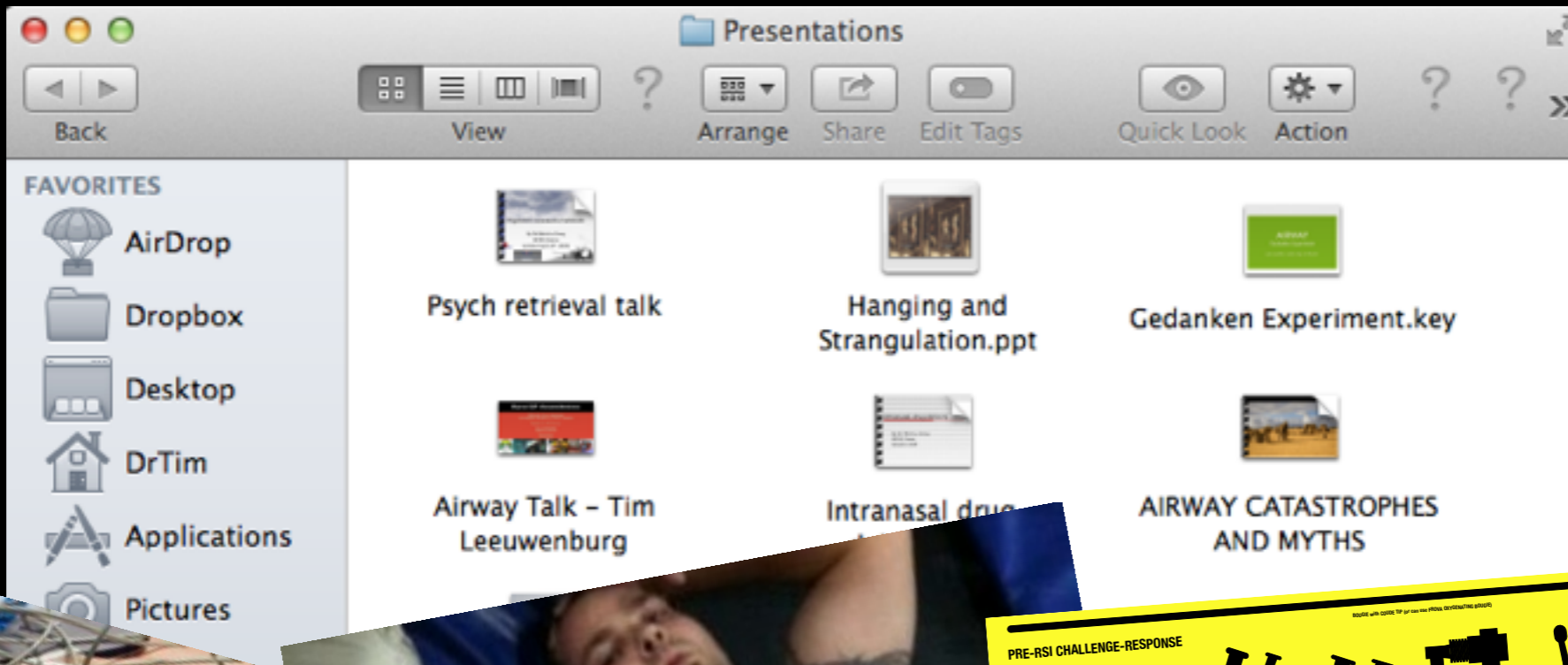
in the future - use FOAMed

from International EM Education Efforts & E-Learning by Joe Lex 2012

lifeinthefastlane.com



Free Open Access Medical Education



PRE-RSI CHALLENGE-RESPONSE

- Monitoring - BP, ECG, SpO2, ET02
- Nasal Cannula at 15l/min PLUS Mask O2
- Pre-oxygenation for 3-5 minutes
- Suction checked working & available

IV & DRUGS

- IV Cannula connected to fluid & running
- WSP on combi/stand area and BP area
- Syringe ready to use
- INDUCTION AGENT drawn up, dose checked
- ROX or ROC drawn up, dose checked
- VASOPRESSOR drawn up, labelled
- POST INTUBATION drugs drawn up & labelled

INTUBATION EQUIPMENT

- BMV connected to oxygen
- Guard & two NP0 always available
- Laryngoscope blade chosen, light working
- ET tube size chosen, cuff tested
- Appropriate tube size chosen & cuff tested
- Settings for cuff inflation
- Stylet & bougie available
- Equipment, filter, inline ET02 (or EasyCap)
- Tube fix available
- Ventilator settings determined
- Anticipated difficult airway plans B, C, D

TEAM BRIEF

- In-line immobilisation person briefed
- Cricoid pressure person briefed
- Drug given briefed
- Anticipated problems & post RSI care briefed

EQUIPMENT CHECKLIST:

- ET TUBES
- ET ADAPTER, IN-LINE FILTER AND ETCO2 LINE IF CAPTION
- ET TUBES OF APPROPRIATE SIZE
- CONNECTED LUBING & STRAP TO GIVE APPROPRIATE STYLET
- LUBE
- TAPE
- LASTING MARK ARRAY
- HYPOXEMIA AND WORKING TIE & APPROPRIATE BLADE

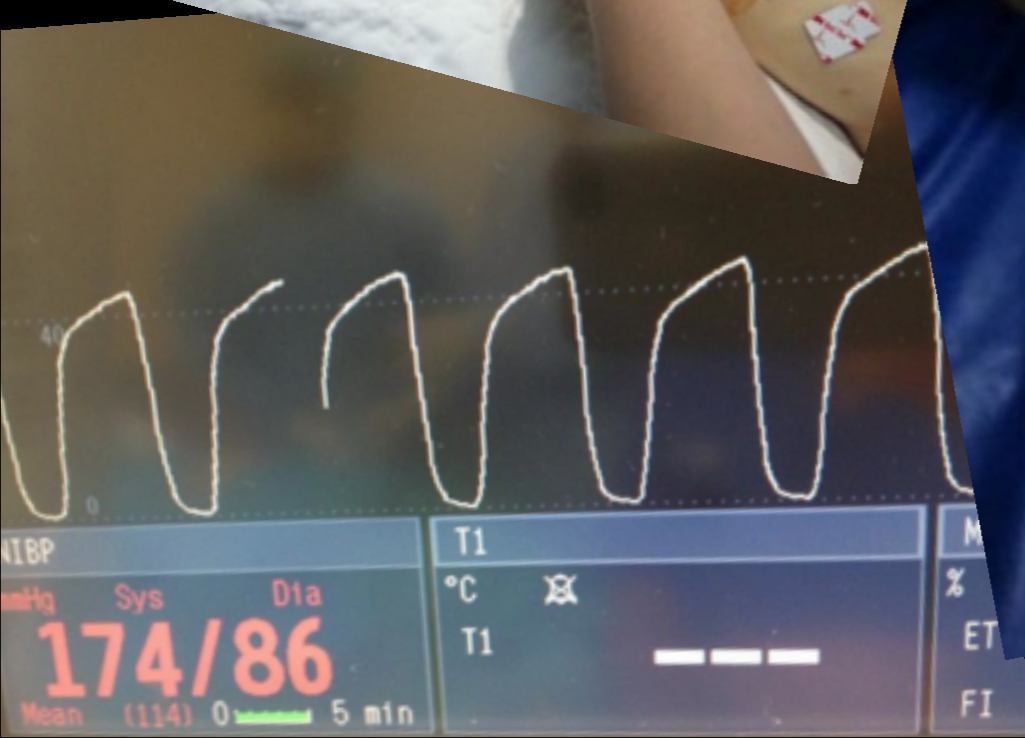
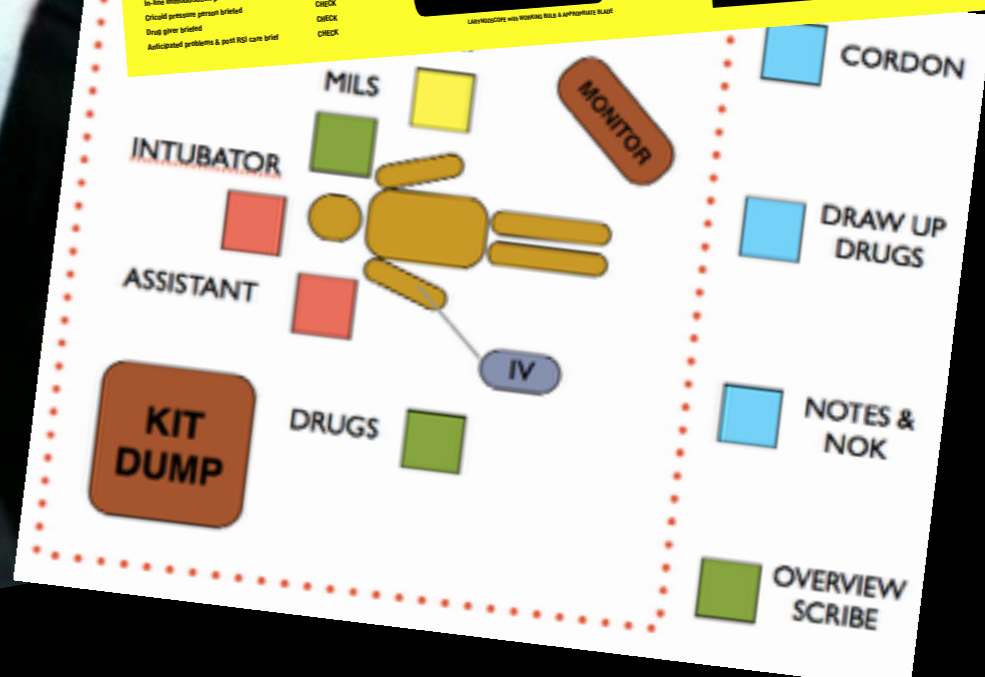
DRUGS

- INDUCTION AGENT
- SUX or ROC
- VASOPRESSOR
- FLUIDS RUNNING

PLAN IN CASE OF A FAILED RSI?

- Difficult Airway Kit Available
- 15 l/min O2

SURGICAL AIRWAY KIT & PREPARED TO USE IT?





RESUS.ME
RESUSCITATION MEDICINE EDUCATION

EMCrit Blog
A Discussion of the Practice of ED Critical Care

Upstairs Care Downstairs



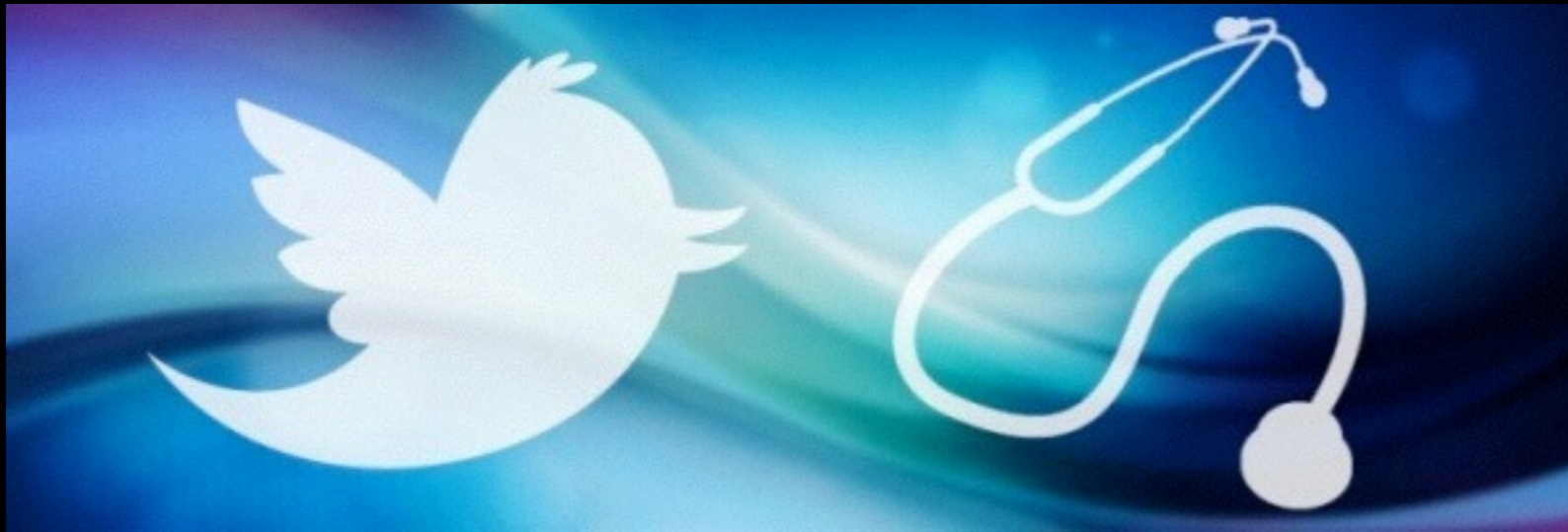
Broome Docs

Free educational blog for rural GP and proceduralists

PHARM: Prehospital and Retrieval Medicine



Quality Care **Everywhere**

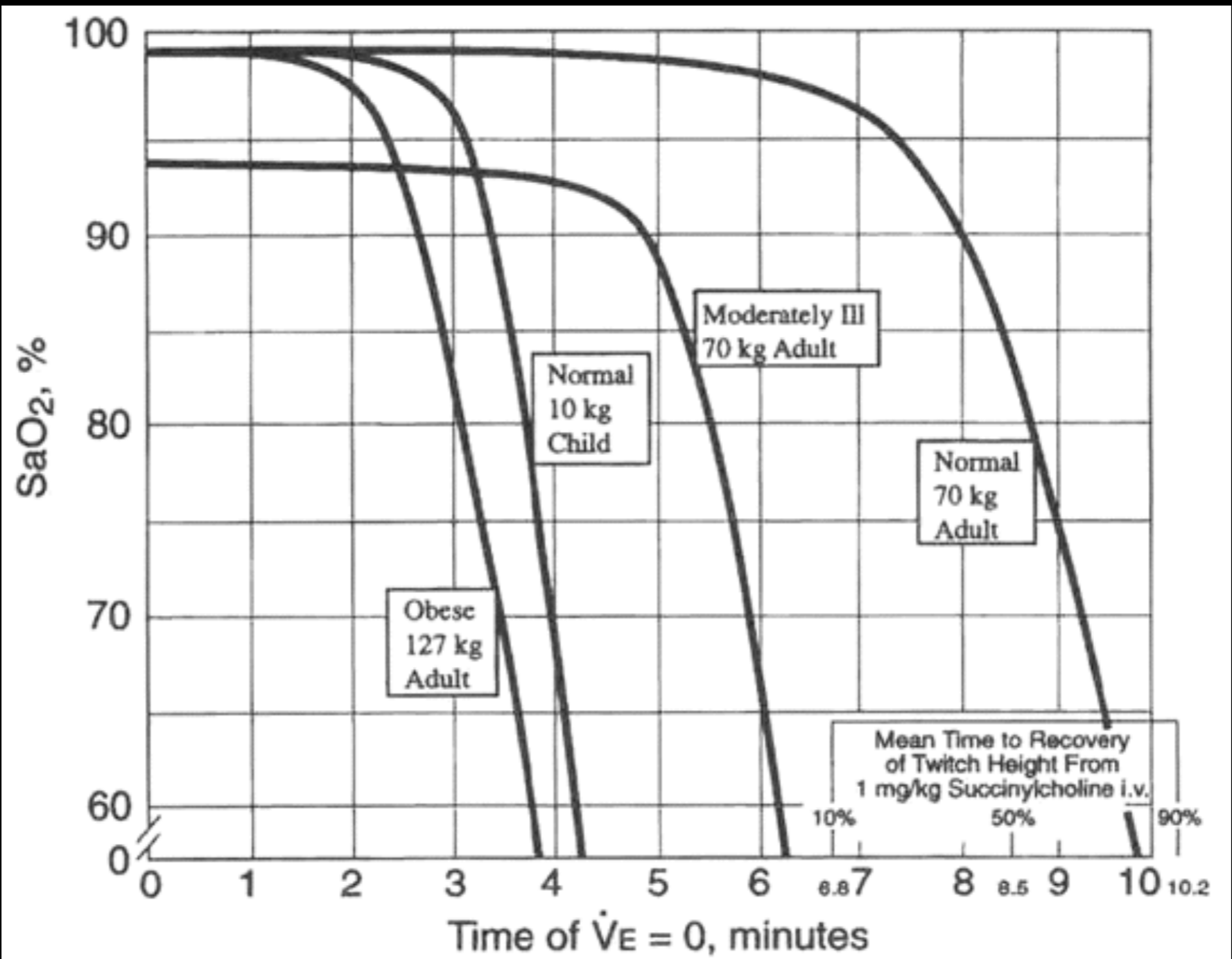


**(Rural + Remote Med) + (SoMe + #FOAMed)
= better education + no isolation**



Practical Examples?







On 15Lt/min SV:



All >95% FiO2 with PPV



Preoxygenation and Prevention of Desaturation During Emergency Airway Management

Scott D. Weingart, MD, Richard M. Levitan, MD

From the Division of Emergency Critical Care, Department of Emergency Medicine, Mount Sinai School of Medicine, New York, NY (Weingart); and the Department of Emergency Medicine, Thomas Jefferson University Hospital, Philadelphia, PA (Levitan).

Patients requiring emergency airway management are at great risk of hypoxemic hypoxia because of primary lung pathology, high metabolic demands, anemia, insufficient respiratory drive, and inability to protect their airway against aspiration. Tracheal intubation is often required before the complete information needed to assess the risk of periprocedural hypoxia is acquired, such as an arterial blood gas level, hemoglobin value, or even a chest radiograph. This article reviews preoxygenation and peri-intubation oxygenation techniques to minimize the risk of critical hypoxia and introduces a risk-stratification approach to emergency tracheal intubation. Techniques reviewed include positioning, preoxygenation and denitrogenation, positive end expiratory pressure devices, and passive apneic oxygenation. [Ann Emerg Med. 2012;59:165-175.]

A **podcast** for this article is available at www.annemergmed.com.

0196-0671 (see front matter)

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doi:10.1016/j.annemergmed.2011.10.002

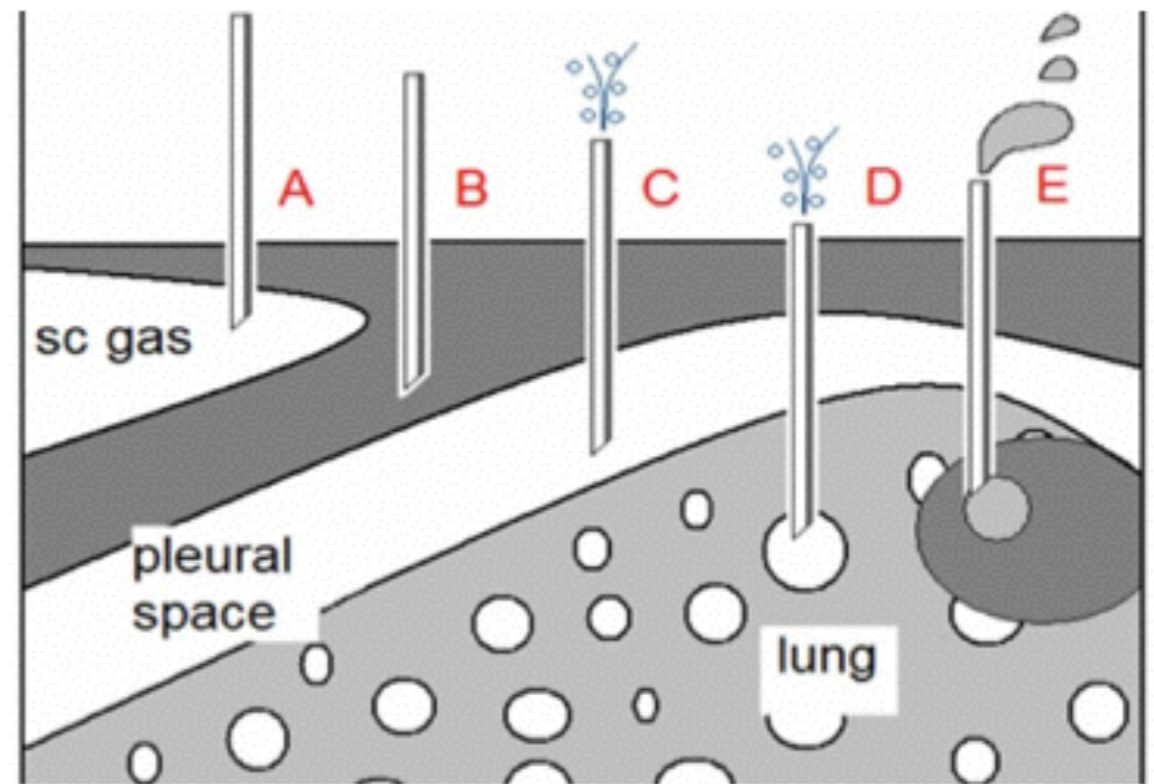
apnoeic diffusion oxygenation



what if I told you...
... you CAN remove cricoid ?



FIGURE 1.11 Needle decompression of chest



1.11A Needle tip positions in chest decompression. Used with permission from A/ Prof Mark Fitzgerald



apnoeic diffusion oxygenation

managing PPH trauma airways checklists

bougie tips and tricks videolaryngoscopy

resus room management psych sedation

RSI for occasional intubators paediatrics

major haemorrhage resuscitation pearls

team training mindfulness & mastery

inotropes & infusions difficult airway plans

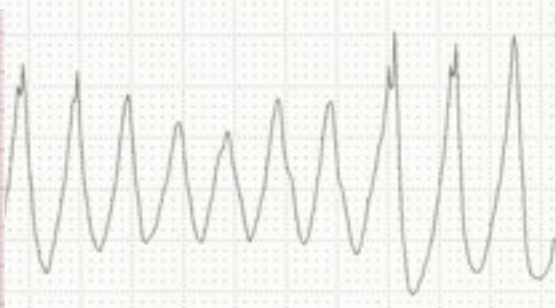
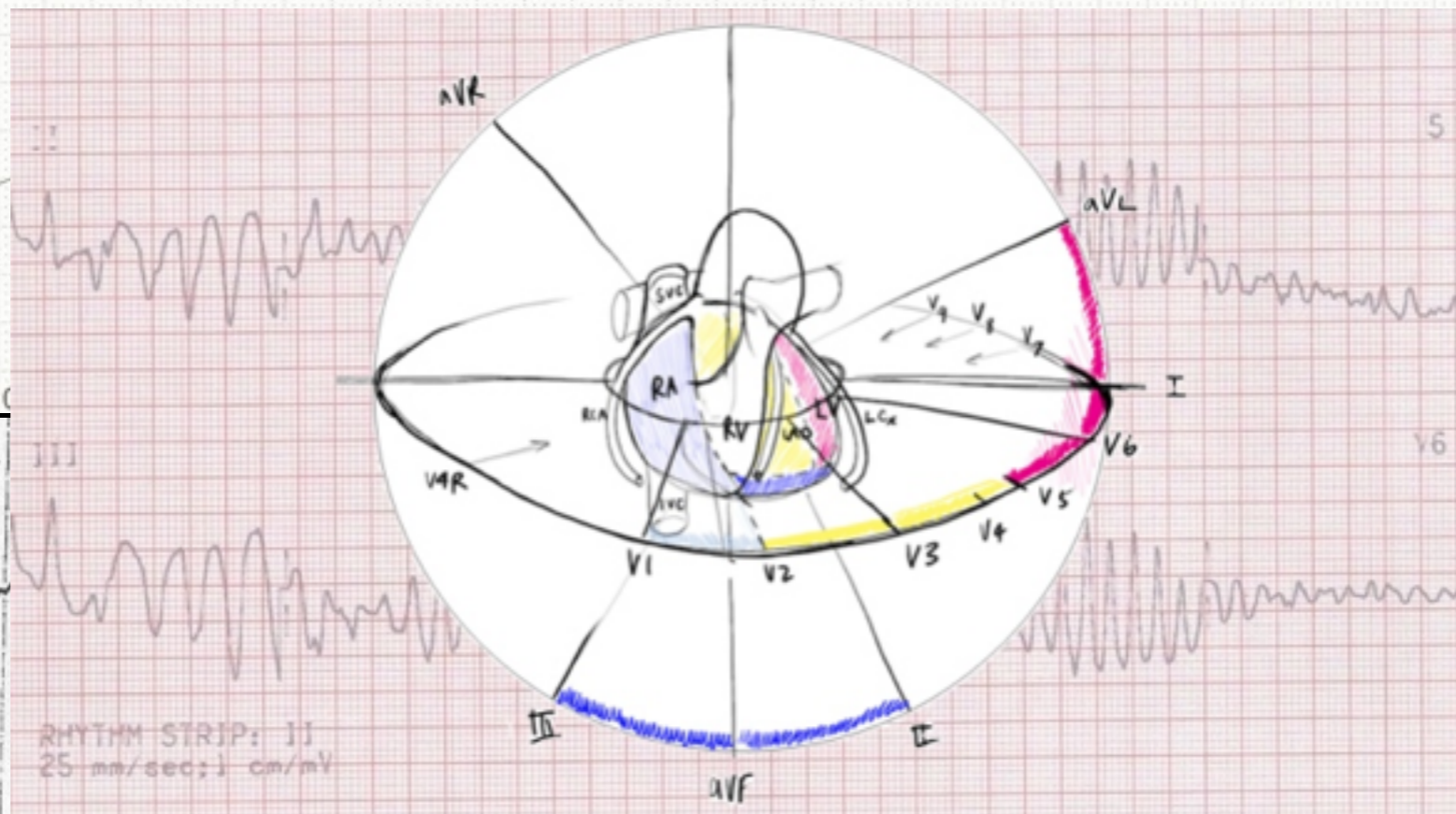
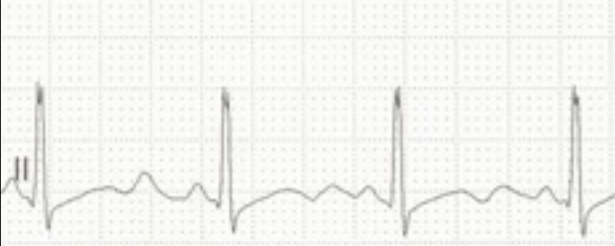
CPAP intranasal meds pacing & defib

obstetric catastrophe major rural trauma

**rural
masterclass**

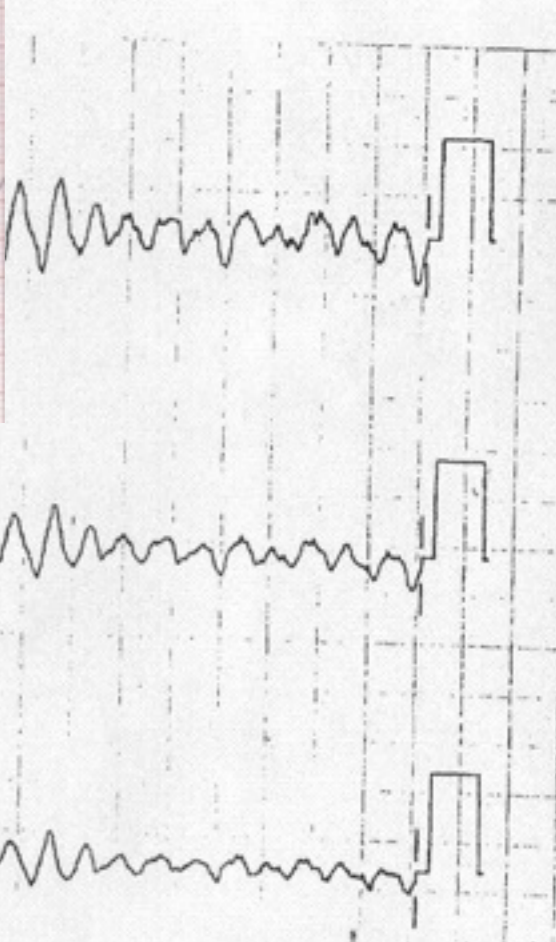
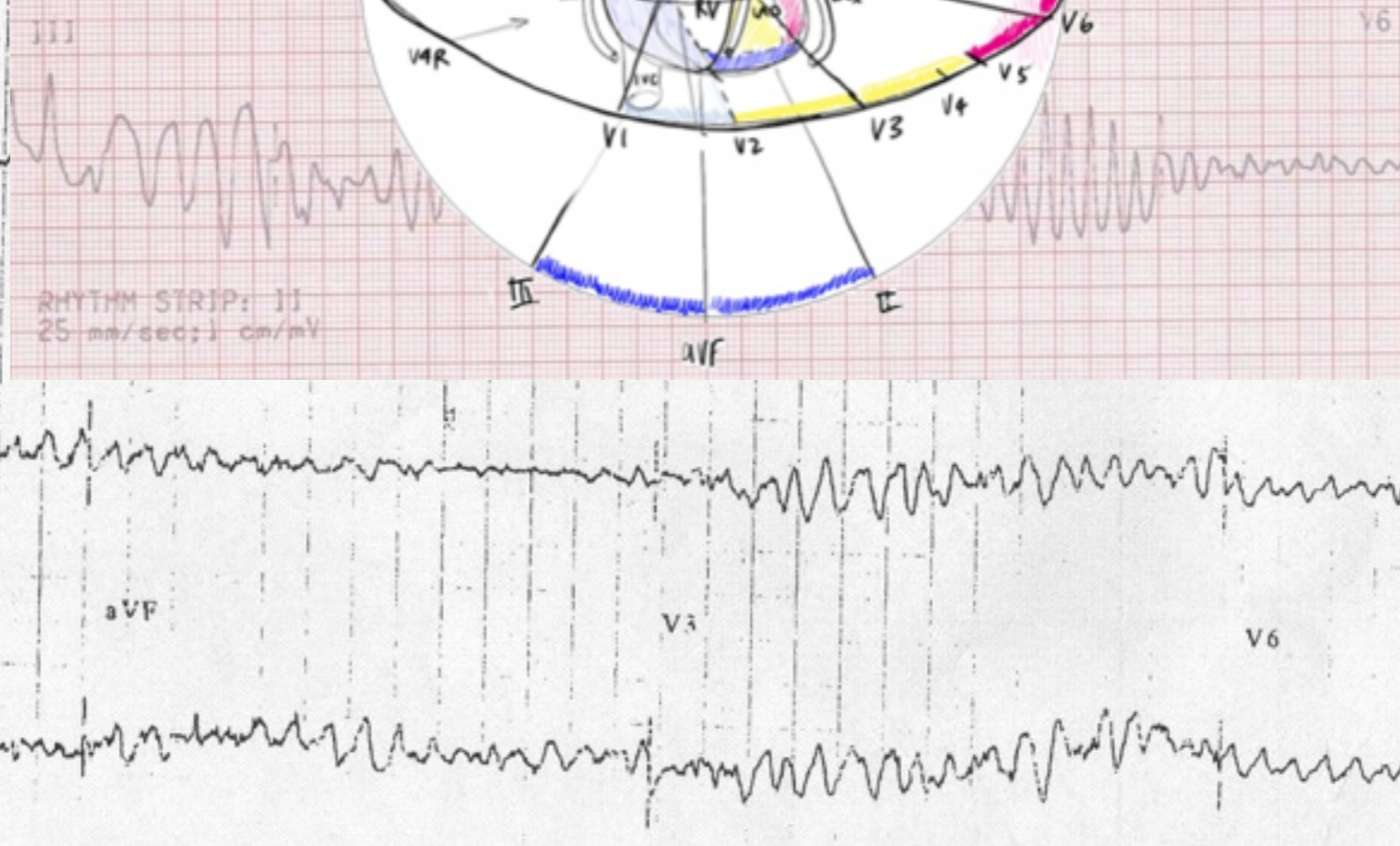
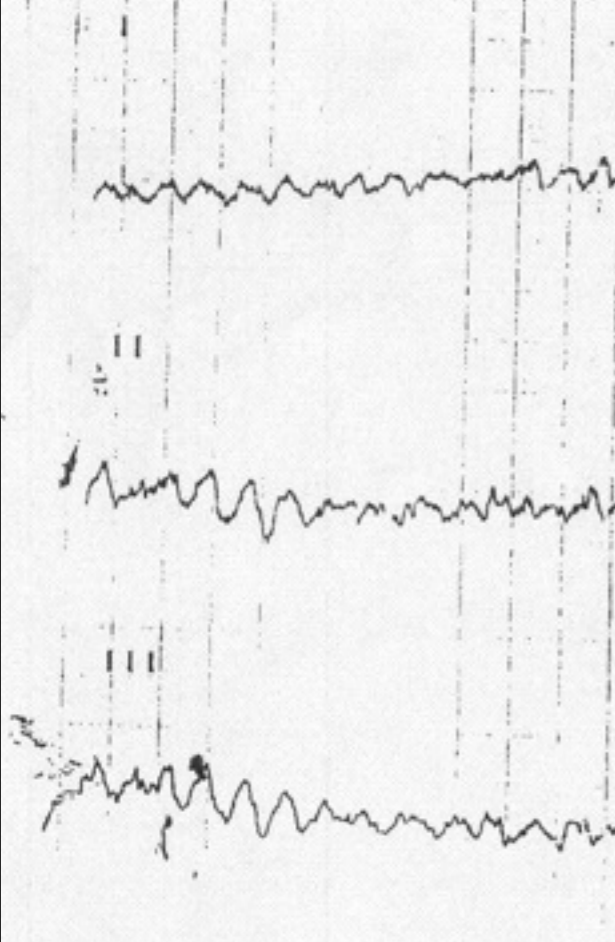






12-Lead ECG (EASI Derived) Bandwidth: (

10 mm/mV 25.0 mm/s











HOUSE-KEEPING

Group Allocations

Toilets

Food

PHONES !!!



#ruralmasterclass

TRUST ME I'M A

JEDI
MASTER

introductions

who you are...