



Po vojensku!

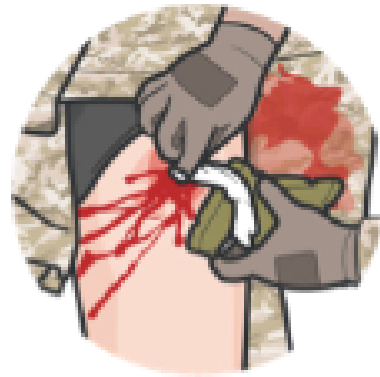
Tomáš Henlín

LEADING CAUSES OF PREVENTABLE DEATH DUE TO **TRAUMATIC INJURIES**



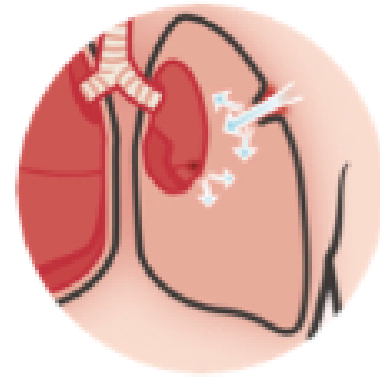
EXTREMITY HEMORRHAGE

Intervention:
limb tourniquet



JUNCTIONAL HEMORRHAGE

Intervention:
hemostatic dressing
and wound packing;
junctional tourniquet



TENSION PNEUMOTHORAX

Intervention:
Needle Decompression
of the Chest (NDC)



AIRWAY TRAUMA/ OBSTRUCTION

Intervention:
airway maneuvers,
nasopharyngeal airway
(NPA) or cricothyroidotomy

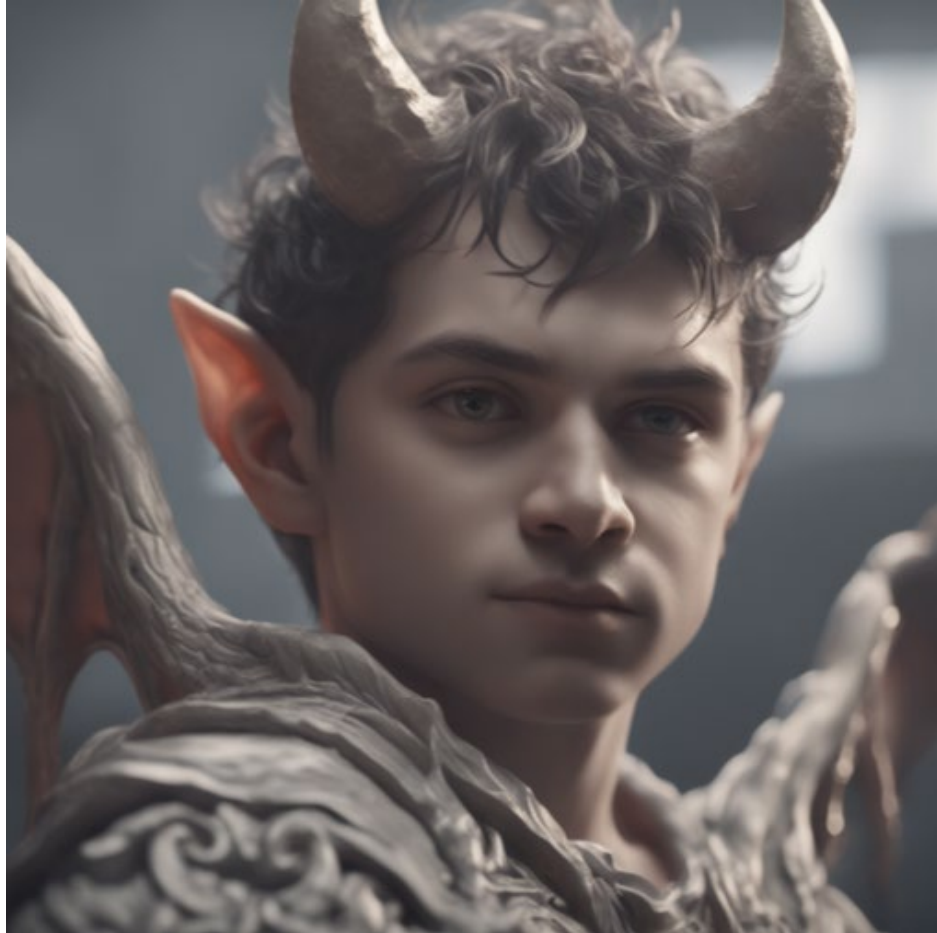
Co je Váš svatý grál zajištění dýchacích cest?



Endotracheal intubation—still the gold standard in out-of-hospital cardiac arrest airway management?

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Intubovat ANO či NE ?





25letý muž, motorkář, náraz do stromu, těžká komoce s iniciálním bezvědomím, spontánní ventilace dostatečná, oběhově stabilní, zlomeniny žeber a klíčku vyžadující analgesii, po mále dávce opioidu porucha vědomí na úrovni GCS 3

18letá slečna
intoxikována
marihuanou a
alkoholem, zvrací,
GCS 5, spontánní
ventilace dostatečná,
oběhově stabilní





3leté batole opařené horkou vodou, celý obličej, hrudník a pravá ruka, 20% tělesného povrchu, II. stupeň, spontánní vetilace dostatečná, oběh alterován bolestivou reakcí

70letá žena, DN,
spolujezdkyně,
zaklíněná, GCS 7,
neklidná, tržná rána
na hlavě, jinak bez
známek poranění,
spontánně ventilující,
oběhově stabilní





72letý muž, NZO, VF,
1. výbojem
defibrilován, ROSC,
GCS 4,
manželka udává, že je
v nějaké “paliativní
péči”



> J Trauma Acute Care Surg. 2016 Feb;80(2):278-82. doi: 10.1097/TA.0000000000000901.

Field intubation in civilian patients with hemorrhagic shock is associated with higher mortality

Daisy Chou ¹, Megan Y Harada, Galinos Barmparas, Ara Ko, Eric J Ley, Daniel R Margulies, Rodrigo F Alban

Review > J Trauma Acute Care Surg. 2018 Jun;84(6S Suppl 1):S77-S82.
doi: 10.1097/TA.0000000000001822.

Airway and ventilation management strategies for hemorrhagic shock. To tube, or not to tube, that is the question!

Anthony J Hudson ¹, Geir Strandenes, Christopher K Bjerkvig, Marius Svanevik, Elon Glassberg

Bull Emerg Trauma 2019;7(1):21-27.



Review Article



Shock Index as a Predictor of Post-Intubation Hypotension and Cardiac Arrest; A Review of the Current Evidence

Saqer M Althunayyan^{1*}

... . PŘI NÁROKĚ PŘEDPOUČÍ.
... . POTÉ ZÁSTAVO ZEMĚ

... . OYON, MENAION
... . VPRÁVO

... . (EX)

... . V D RÁVO

... .

P22I ... ZÁSTAVO ...

F/11 100 + ...



na m...
Branice, dycha' spout; hleady
magyfi na' alp. f...
bramno meber, mulyy v...
RLP. O₂ k... na P... 186 PLVDO
je 120 180 ... to h' ... 80%
M... 10mg, ... 100mg, ...
... bal ... - ... PEZ
... kPR - ... 1 mg
... 19 ...
kPR na ... PL 500mg
... 30 ... LZS PLZ...
... bramice, NRO

M... 10mg, ... 100mg, ...
... bal ... - ... PEZ
... kPR - ... 1 mg

palení O
..... % hluboké
..... % povrchn
..... m krevní z

acovní Dg:

MKN



Clinical paper

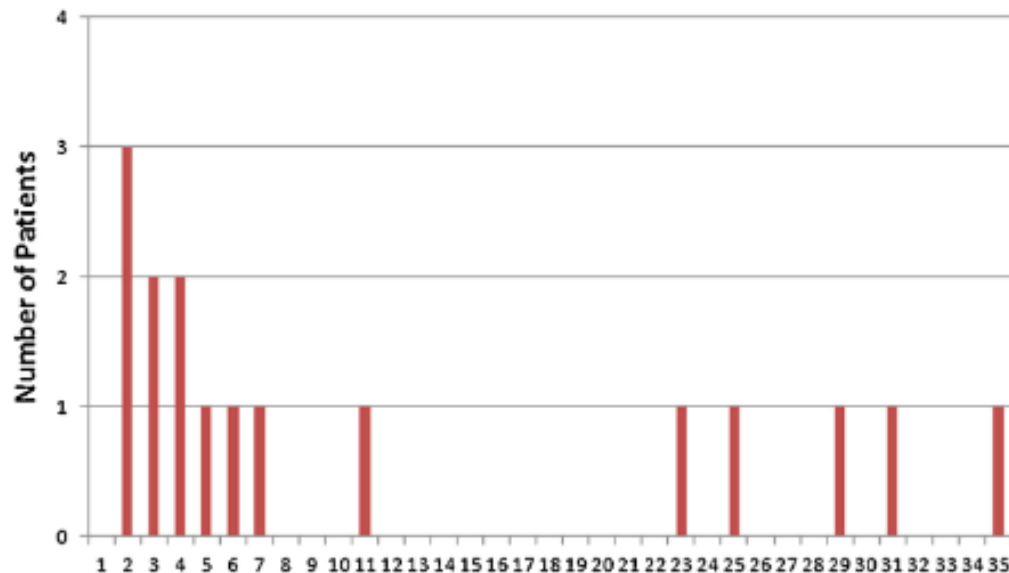
Incidence and factors associated with cardiac arrest complicating emergency airway management[☆]



Alan C. Heffner^{a,b,*}, Douglas S. Swords^b, Marcy N. Neale^c, Alan E. Jones^{b,d}

A.C. Heffner et al. / Resuscitation 84 (2013) 1500–1504

**Time Interval from RSI to Cardiac Arrest
(in minutes)**



5. Conclusion

In this series, 1 in 25 emergency intubations was associated with cardiac arrest. The incidence of cardiac arrest may be higher than

Intubation Practices and Adverse Peri-intubation Events in Critically Ill Patients From 29 Countries

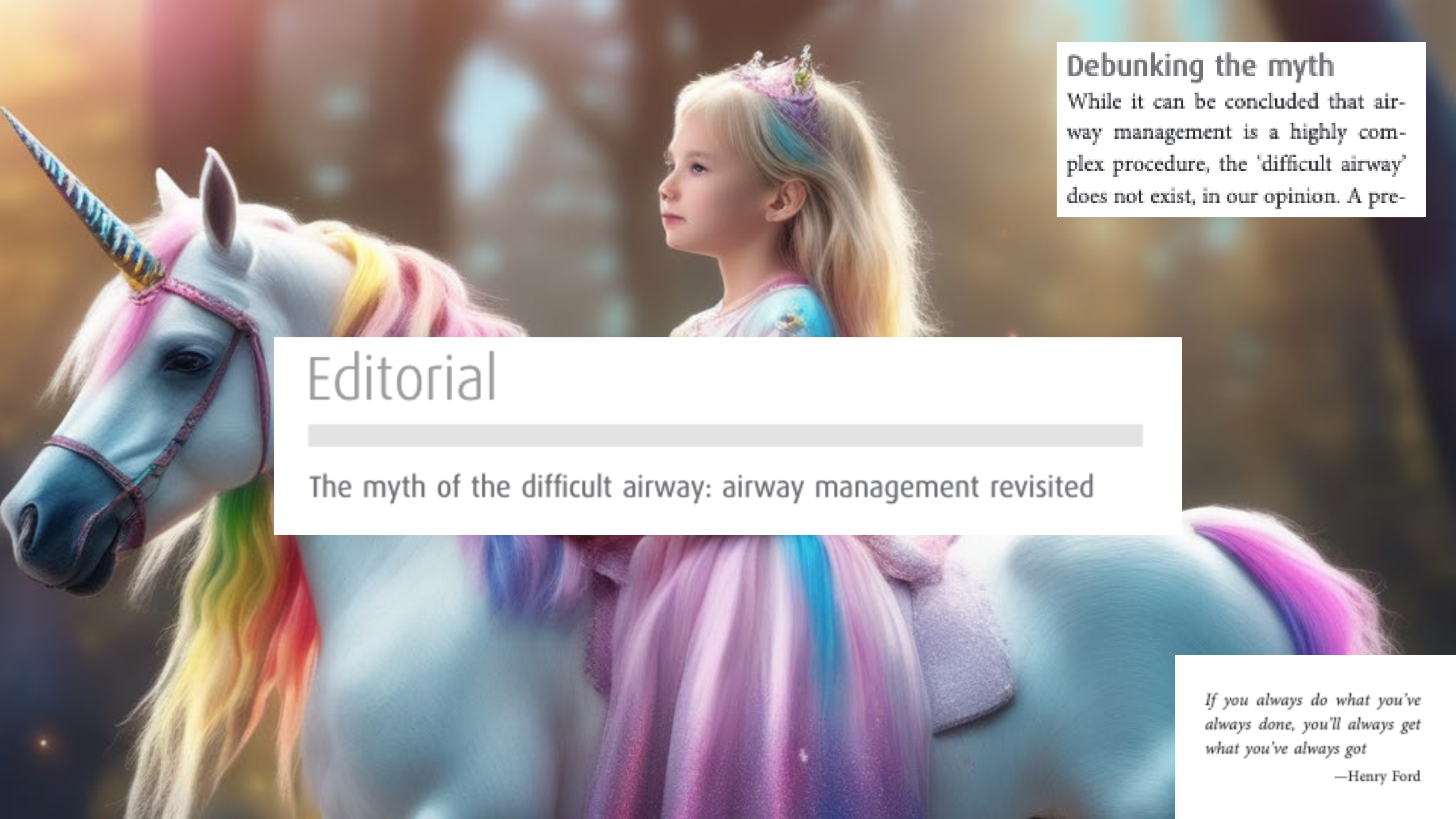
Vincenzo Rusotto, MD; Sheila Nainan Myatra, MD; John G. Laffey, MD, MA; Elena Tassistro, MS; Laura Antolini, PhD; Philippe Bauer, MD, PhD; Jean Baptiste Lascarrou, MD, PhD; Konstanty Szuldrzyński, MD, PhD; Luigi Camporota, MD; Paolo Pelosi, MD; Massimiliano Sorbello, MD; Andy Higgs, MD; Robert Greif, MD; Christian Putensen, MD; Christina Agvald-Öhman, MD, PhD; Athanasios Chalkias, MD, PhD; Kristaps Bokums, MD; David Brewster, MD; Emanuela Rossi, MS; Roberto Fumagalli, MD; Antonio Pesenti, MD; Giuseppe Foti, MD; Giacomo Bellani, MD, PhD; for the INTUBE Study Investigators

| Adverse events | No./Total (%) |
|---|------------------|
| Major adverse events (primary outcome) | 1340/2964 (45.2) |
| Cardiovascular instability | 1172/2753 (42.6) |
| New need or increase of vasopressors | 1053/1172 (89.9) |
| Systolic pressure <90 mm Hg for >30 min | 252/1026 (24.6) |
| Fluid bolus >15 mL/kg | 151/1163 (13.5) |
| Systolic pressure <65 mm Hg | 157/1163 (13.5) |
| Severe hypoxia (lowest SpO ₂ <80%) | 272/2916 (9.3) |
| Cardiac arrest | 93/2964 (3.1) |
| With return of spontaneous circulation | 49/93 (52.7) |
| With death | 44/93 (47.3) |
| Cause of cardiac arrest ^a | |
| Hypovolemia or hemodynamic instability | 34/92 (36.9) |
| Hypoxia | 23/92 (25.0) |
| Thrombosis (coronary or pulmonary) | 19/92 (20.6) |
| Hypokalemia or hyperkalemia | 3/92 (3.3) |
| Cardiac tamponade | 3/92 (3.3) |
| Toxins | 2/92 (2.2) |
| Tension pneumothorax | 2/92 (2.2) |
| Other ^b | 5/92 (6.5) |
| Other adverse events | |
| Esophageal intubation | 167/2959 (5.6) |
| New onset cardiac arrhythmia | 167/2960 (5.6) |
| Atrial fibrillation | 117/167 (28.7) |
| Ventricular tachycardia | 41/167 (24.6) |
| Bradycardia | 38/167 (22.8) |
| Other ^c | 40/167 (23.9) |
| Difficult intubation ^d | 138/2957 (4.7) |
| Aspiration of gastric contents ^e | 116/2960 (3.9) |
| Dental injury | 28/2960 (0.9) |
| Pneumothorax | 22/2963 (0.7) |
| Airway injury | 21/2959 (0.7) |
| Tracheal laceration | 5/21 (23.8) |
| Bronchial laceration | 1/21 (4.8) |
| Laryngeal laceration | 7/21 (33.3) |
| Other ^f | 8/21 (38.1) |
| Pneumomediastinum | 8/2960 (0.3) |

REVIEW ARTICLES: NARRATIVE REVIEW ARTICLE

Evaluation and Management of the Physiologically Difficult Airway: Consensus Recommendations From Society for Airway Management

Kornas, Rebecca L. MD^{*}; Owyang, Clark G. MD[†]; Sakles, John C. MD[‡]; Foley, Lorraine J. MD, MBA[§]; Mosier, Jarrod M. MD^{‡,||}; on behalf of the Society for Airway Management's Special Projects Committee



Debunking the myth

While it can be concluded that airway management is a highly complex procedure, the 'difficult airway' does not exist, in our opinion. A pre-

Editorial

The myth of the difficult airway: airway management revisited

If you always do what you've always done, you'll always get what you've always got

—Henry Ford



Resuscitate before
you intubate !!!

<https://litfl.com/intubation-hypotension-and-shock/>

