

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the slide. A larger, semi-transparent blue triangular shape is positioned in the lower right, pointing towards the bottom right corner.

Youth vs. Experience Management of Clinical Cases

History

- 20 month old female, eating pistachio nuts
- Develops cough and wheezing
- Following day brought to ED when symptoms persist
- Chest X-ray shows mild to moderate air trapping in right lung
- Otherwise PMHx unremarkable

PE

- Anxious toddler, anxious parents
- Well developed
- Mild expiratory wheeze on lung exam
- No retractions, no increased work of breathing
- RRR
- Abd Soft
- No peripheral IV

Management?

Considerations

- Obtain IV access vs. inhaled
- Use of Nitrous Oxide or not
- Muscle relaxants
- Intubate prior to ENT evaluations or following
- Length of observation

Wrinkles

- Concurrent URI
- Possible difficult airway
- Unclear esophageal vs. airway
- When do you let your own kid eat nuts?

History

- 20 month old female with difficulty swallowing, suspect foreign body
- History of TEF repaired in infancy
- No other associated anomalies
- 2 prior esophageal dilations for strictures
- Anesthetic records unavailable

PE

- Anxious toddler, anxious parents
- Small for age
- Clear lung fields, no wheezing
- RRR
- Abdomen soft
- Drooling slightly
- No peripheral IV

Management?

Considerations

- Obtain IV access vs. inhaled
- Size of ETT
- Muscle relaxants for a short case
- Handling of secretions
- Dilation after removal of foreign body

Wrinkles

- Any different setup for VATERS
- Concurrent URI
- Different concerns if patient 5 months

History

- 15 year old male with Pectus excavatum
- Mild to moderate asthma symptoms
- Daily albuterol use, last ED visit 2 months prior
- No prior intubations
- No recent URI symptoms

PE

- Well developed, well nourished teenager
- Pectus excavatum
- Mild wheeze on forced exhalation
- RRR
- Abdomen soft

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter-circle or a wedge, pointing towards the center.

Considerations

- Thoracic epidural or not
- Epidural awake or asleep
- PCA alone
- Arterial line
- Is asthma therapy optimized?

Wrinkles

- No blood available
- Thoracic surgeon requests double lumen tube
- Family refuses epidural
- Last ED visit for asthma 3 weeks ago and Pt hospitalized for 2 days

History

- 2 month old male, history coarctation of aorta, PAPVR, PS repaired in infancy
- Cardiac arrest at home, EMT resuscitated
- On admit LV SF 24% (nl 28 – 44%)
- Day 2 LV SF 34%
- Day 6 extubated, no meds to support BP
- Neurology wants Brain MRI for prognosis

PE

- Thin, non-toxic, non-dysmorphic
- Clear breath sounds
- RRR
- Abdomen soft
- Peripheral IV in place

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter of a circle or a wedge, pointing towards the center.

Considerations

- Propofol anesthetic vs. Ketamine vs. GETA
- Airway management if not GETA
- Any further studies
- Delay case for recovery of function

Wrinkles

- Cardiology wants to add on cardiac MRI to evaluate coronary arteries
- LV SF only 28%
- Any difference if patient hypoplastic left heart s/p norwood reconstruction?

History

- 6 year old male scheduled for T & A
- Murmur noted on preoperative examination
- No prior surgeries, admissions, or evaluation
- No symptoms referable to cardiovascular

PE

- Well developed, well nourished, NAD
- Clear lungs no wheeze
- RRR soft II/VI vibratory systolic murmur at sternal border
- Abdomen soft
- Extremities warm, distal pulses 2+

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter-circle or a wedge, pointing towards the center.

Considerations

- Obtain EKG, echo?
- Cardiology referral
- Second examiner

Wrinkles

- Patient with morbid obesity. Limited exercise tolerance and SOB with exertion
- Vague episode of syncope reported
- Different evaluation if a bigger surgery or an older child?
- Murmur II – III/VI

History

- 12 year old girl scheduled for second stage ABBE flap for lip reconstruction
- Cleft lip repaired in infancy out of country
- Surgery to place lip adhesion proceeded without incident, no anesthetic complications
- No other significant past medical history

PE

- Well developed, well nourished teenager
- Lower lip sutured to upper lip
- Lungs clear to auscultation
- RRR
- Abdomen soft

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter-circle or a wedge, pointing towards the center.

Considerations

- Intubation vs. intermittent mask ventilation

Wrinkles

- Surgeon promises it is only a few stitches after cutting adhesions
- 16 year old patient
- Patient with developmental delay
- Known difficult airway from first anesthetic

History

- 3 year old male with history of neuroblastoma s/p resection 3 months prior
- Now scheduled for f/u
Chest, abdomen, pelvis CT scan with oral and IV contrast
- No prior anesthetic complications
- Appropriate WBC and no isolation issues

PE

- Comfortable, no acute distress
- Lungs clear to auscultation
- RRR no murmur
- Abdomen with well healed scar, soft
- Drinking oral contrast
- PICC line

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter of a circle or a wedge, pointing towards the center.

Considerations

- Brief anesthetic with natural airway and a full stomach
- Intubation?
- Concerns if PIV and not PICC line

Wrinkles

- Child with recent URI
- Micrognathia
- History of delayed gastric emptying

History

- 5 week old first born male infant with projectile vomiting
- Abdominal ultrasound c/w pyloric stenosis
- Admitted for electrolyte correction and iv hydration
- No other associated anomalies

PE

- Well developed infant comfortable in mom's arms
- Lungs clear to auscultation
- RRR no murmur
- Abdomen soft, unable to palpate olive
- Extremities warm
- Peripheral IV

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter-circle or a wedge, pointing towards the center.

Considerations

- Succinylcholine vs. Vecuronium
- Rapid sequence intubation vs. gentle ventilation with cricoid pressure
- Management of pain post-operatively
- Do you let the fellow intubate? Do you let the resident?

Wrinkles

- Laparoscopic vs. Open
- Infant admitted shortly after midnight, received 6 hours of IV fluid. First case cancelled and surgeon wants to replace with this case.
- First set electrolytes not so bad, repeat electrolytes not sent yet
- Patient loses IV being transferred to OR table

History

- 5 year old male at birthday party fell off swingset onto outstretched hand.
- Isolated right elbow pain, no shoulder or wrist pain
- S/F Closed reduction percutaneous pinning
CRPP
- Otherwise healthy

PE

- Well developed, anxious, complains of pain in elbow
- Lungs clear
- RRR no murmur
- Abdomen soft
- Right arm splinted, good capillary refill in fingers

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter-circle or a wedge, pointing towards the center.

Considerations

- LMA vs. intubation
- Length of NPO
- Is this enough of a trauma that the patient remains a full stomach regardless of time

Wrinkles

- Morbid obesity
- Slow surgeon
- Late in the day, running two rooms
- History of Asthma

History

- 15 year old male with autism s/f dental restoration under general anesthesia
- Uncooperative with exam
- Will not undress or take off backpack
- Will not get on guerney
- Will not take oral meds
- Mom remembers vague history of Pediatrician mentioning a murmur, no evaluation performed

PE

- Well developed, uncooperative male, standing in preop area
- Normal jaw and profile

Management

The background is a dark blue gradient. A thin, light blue curved line starts from the top left and arcs across the upper half of the page. On the right side, there is a solid blue shape that resembles a quarter of a circle or a wedge, pointing towards the center.

Considerations

- IM Ketamine
- Inhaled induction with parent present
- After induction, Nasal prep for intubation
- Evaluation of murmur
- Pain management
- Post-op planning

Wrinkles

- Will walk into OR but won't lie down, won't take off backpack
- Longsleeve shirt