



## Specified Emergency Scenario

This document provides an example of a specified emergency scenario for the topic *Airway management*.

<b>Topic: AIRWAY MANAGEMENT (AM)</b>	
<b>Learning outcome: IT_AM 1.2</b> Discuss the important features of history and examination that may identify a potentially difficult airway	
<b>Scenario description</b>	Predictors of difficult intubation (DI).
<b>Question 1</b>	When you perform an airway assessment, what are the important features of history and examination that help you identify a potentially difficult intubation?
<b>Answer guide</b>	<p><b>History:</b></p> <ul style="list-style-type: none"><li>• review past anaesthetics, BMI, OSA, congenital syndromes, pregnancy, neck injury or arthritis, neck soft tissue abnormality, etc.</li><li>• Risk of Aspiration</li></ul> <p><b>Examination:</b></p> <ul style="list-style-type: none"><li>• Mallampati: MP 3 (soft palate) and MP 4 (no soft palate visible) ® risk of DI.</li><li>• Mouth opening/ inter-incisor gap: &lt;3cm ® risk of DI, &lt;2.5cm ® difficult LMA insertion.</li><li>• Mandibular movement/size: Class B (equal) and Class C (lower incisors unable to protrude past upper incisors) ® - risk of DI. Recessed mandible also risk of DI.</li><li>• Dentition: prominent/loose/broken/missing front teeth ® risk of DI.</li><li>• Neck extension: &lt;90deg ® risk of DI.</li><li>• Thyromental distance: &lt;6cm ® risk of DI. Normal is &gt;7cm.</li><li>• Body habitus: neck circumference &gt;40cm (high BMI alone is poor indicator), large breasts, no neck.</li></ul>
<b>Question 2</b>	25 y.o. patient requiring laparoscopy for acute appendicitis: ?perforation, febrile, vomiting and looks unwell. Your airway assessment of reveals a MP3, limited mandibular movement, TM distance of 5.5. Normal body habitus and previously well. No previous anaesthetic. How would you plan for airway management?

<b>Answer guide</b>	<ul style="list-style-type: none"> <li>• Recognise potential for difficult / failed intubation with direct laryngoscopy / RSI</li> <li>• Recognise additional factors i.e. aspiration risk / but need to proceed</li> <li>• Call for help – do not proceed alone</li> <li>• Options for airway – awake FOI / videolaryngoscopy</li> </ul>
<b>Reference(s)</b>	TBA
<b>Marking guide</b>	Knows relevant material
	Reasoning / ability to consider options and weigh up risks
	Safe management plan, knows when to call for help
<b>Overall</b>	<p>PASS – specifically:</p> <ul style="list-style-type: none"> <li>• No major knowledge gaps.</li> <li>• Ability to evaluate options.</li> <li>• Maintains patient safety</li> <li>• Recognises when to call for help</li> </ul> <p>Management plan for this patient scenario was safe and effective with no concerns for patient safety.</p>
	<p>FAIL – specifically:</p> <ul style="list-style-type: none"> <li>• Major knowledge gaps</li> <li>• Limited options considered, limited evaluation of options</li> <li>• Doesn't recognised need to call for help</li> </ul> <p>Management plan for this patient scenario was unsafe and / or ineffective raising concerns for the safety of the patient.</p>
<b>Documentation</b>	
<b>Feedback</b>	
<b>Safety breaches</b>	<ul style="list-style-type: none"> <li>• Did not recognise when not to proceed without supervision</li> <li>• Did not initiate resuscitation measures in an urgent case</li> <li>• Did not recognise and/or initiate treatment of a life-threatening complication or unanticipated event</li> </ul>