AICU scenario

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Case

- 31 Y/O Male
- Skull base fracture , Facial bone fracture , Traumatic SAH

✓NS=>ICP monitor

- Right pneumothorax / Lung contusion

✓CS=>Right chest tube

- Liver laceration

✓GS=>OBS

Scenario 1

- 病人躁動
- E1VTM5 , HR : 165 , RR : 14/25 , BP : 90/65 mmHg , SpO2 : 83%
- Ventilator Alarm

Scenario 1

- Check ventilator
- Check Breathing sound
- Check chest tube
- Suction
- Increased FiO2
- Call RT
- NS doctor suggest sedation ? Unstable BP
- Irritable =>shock sign ? Call ER duty ?

Scenario 2

- 病人躁動 , 上半身座起 (Propofol pump)
- E1VTM5 , HR : 170 , RR : 14/25 , BP : 60/49 mmHg , SpO2 : 95%

Scenario 2

- Check chest tube
- Hold propofol
- Check bleeding site=>abdominal distension r/o internal bleeding
- Fluid challenge , Inotropic agent , Blood component supply
- Call NS doctor
- Call ER doctor

Scenario 3

- Bed side echo showed ascites , GS doctor suggest abdominal CT before operation
- Endotracheal tube protrude 2cm during abdominal CT
- E1VTM1 , BP : Undetectable , SpO2 : undetectable

Scenario 3

- Stop CT
- Check endo tracheal position
- Removed endo-tracheal tube
- Ambu bagging
- Call for help

Scenario 4

- ER doctor and ENT doctor performed tracheostomy
- Monitor showed VF , BP : Undetectable , SpO2 : undetectable

Scenario 4

- Start CPCR DC shock first
- Call for help