AIRWAY POCUS IN RESUSCITATION

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Case Presentation:
A head injury patient with low GCS was assessed in a 'non trauma bay' in resus due to resus being cram full. He was intubated to protect his airway and facilitate transfer to CT scanner. Since it was not a routine trauma bay, there was issue in procuring ETCO2 cable quickly. Once attached, there was an issue with the connector of ETCO2 tubing. This was leading to a delay in confirmation of endotracheal tube (ET) placement.

Management and Outcome:
A point of care ultrasound (POCUS) of neck to show tube placement was done by the ED registrar who confirmed the ET was indeed in trachea.

Key learning points:
Bedside ultrasonography of the neck to confirm ET placement can be particularly useful in case of equipment failure, as in the case above; or

in cases of low cardiac output, like in cardiac arrest, where ETCO2 is very low, leading to delay in its detection.

It's also useful in cases where the patient is suspected of having ingested carbonated drinks prior to collapse, which can give false positive ETCO2 trace initially post esophageal intubation.

Inflating the cuff with saline instead of air can help with easier detection of placement from the instilled water and bubbles.