

Wintergreen RSI Airway Worksheet 2010

1. T or F

One of the greatest threats to the patient in the event of a difficult airway is the provider's ego.

2. You have made one unsuccessful attempt to intubate. List at least 5 actions you would consider changing to increase successful intubation on the second attempt:

3. A second attempt at securing the patient's airway with an endotracheal tube is unsuccessful. List three potential ways you could secure this patient's airway:

4. List two methods that may be used to manipulate the thyroid cartilage in order to improve the laryngeal view.

5. High CO₂ readings can be caused by all of the following except:

- a. overdose
- b. intoxication
- c. sedation
- d. stroke
- e. all of the above are correct

6. Where does the cricoid cartilage lie?

7. What is the narrowest part of the following airways:

Pediatric –

Adult –

8. Your 12 year old patient is a known diabetic with a glucose reading of "high." You note she is having Kussmal's respirations. You suspect your patient is in diabetic ketoacidosis. When you place side stream capnometry on this patient, you expect the reading to be:

- a. higher than normal
- b. lower than normal
- c. normal

9. What does a Cormak and Lehane Grade 4 view indicate?

10. Your patient has overdosed on a suspected narcotic. Which of the following patients should receive narcan?

- a. RR 24, ETCO₂ 70
- b. RR 8, ETCO₂ 40
- c. RR 20, ETCO₂ 32
- d. RR 10, ETCO₂ 35

11. In the intubated head injured patient, the ETCO₂ goal number should be _____.

12. Carbon dioxide is a waste product of _____ and _____ combining to make energy.

13. Which of the following does capnography measure?

- a. ventilation
- b. metabolism
- c. circulation
- d. oxygenation

14. List at least 5 general indications for tracheal intubation:

15. T or F

It is good practice to print an ETCO₂ waveform strip every time you move your patient.

16. Name 3 laryngoscopic pitfalls making intubation potentially unsuccessful:

17. Capnometry can be used with which of the following:

- a. King Airway
- b. Combitube
- c. Neither
- d. Both

18. Describe how the gum-bougie assists in intubation.

19. Your patient is having a severe allergic reaction. You have given Benadryl, SQ Epi, Solumedrol and an albuterol neb. You notice much improvement in wheezing, and the patient expresses shortness of breath has resolved. The patient is on a heart monitor, pulse ox with a reading of 95% and side stream capnometry. Ten minutes later your their condition appears unchanged although you notice a shark fin appearance in the capnometry waveform. This is an indication of:

- a. increased ventilation due to anxiety
- b. this is not an abnormal finding
- c. the Benadryl is making the patient drowsy
- d. bronchospasm is beginning to reoccur

20. At what oxygen saturation level should the intubation attempt be stopped and the patient re-oxygenated?

21. T or F

Using the 3-3-2 rule for predicting a difficult airway, finger measurement is based on your finger width, not the patient's.

22. What is the difference between cricoid pressure and external laryngeal manipulation?

23. T or F

Failure to evaluate the airway and predict difficulty is the single most important factor leading to a failed airway.

24. T or F

Failure to maintain acceptable oxygen saturations, typically 90% or above in otherwise normal individuals when attempting intubation is considered a failed airway attempt.

25. Which of the following can be used to predict difficult bag-mask ventilations?:

- a. a beard
- b. obesity
- c. age greater than 55 years
- d. no teeth
- e. history of snoring
- f. all except c
- g. all of the above**

26. Which of the following ways is not acceptable for confirming proper placement of an ETT:

- a. visualization of the tube passing the cords
- b. exhaled carbon dioxide with waveform
- c. esophageal detection device
- d. condensation in the ETT
- e. all are acceptable

27. T or F

It is not acceptable to use quantitative waveform capnography in intubated patients to monitor CPR quality.

28. You are working a code; your patient is intubated and being monitored with an ETCO₂ device. CPR is in progress. Your ETCO₂ has been reading in the single digits when suddenly you notice it rapidly increasing into the 30s. This is occurring because:

- a. you are not doing proper CPR
- b. circulation has most likely spontaneously occurred
- c. you are not ventilating the patient enough and they are retaining CO₂
- d. the patient regurgitated a belly full of beer

29. _____ is the level of carbon dioxide released at the end of expiration.

30. What is the normal value for canography?

31. Your partner has successfully intubated your patient and the initial ETCO₂ reading is 44. While enroute to the helicopter LZ you are responsible for manually

ventilating the patient. You notice the patient's ETCO₂ is now 25. You recognize this reading as:

- a. being in normal range
- b. ventilating too slowly
- c. a good reading for a patient with a severe head injury
- d. ventilating too fast

32. Low CO₂ readings may be caused by all of the following except:

- a. decreased cardiac output
- b. hypotension
- c. cold
- d. severe pulmonary edema
- e. all of the above are correct

33. Your patient suffered a witnessed cardiac arrest. You have established a BLS airway with an OP device and manual bag-mask ventilations. You have the patient attached to side stream capnometry with readings in the low 30s. Your partner has been doing chest compressions for 15 minutes. You notice a slow decline in the ETCO₂ numeric reading. The most likely cause for this decline is:

- a. decreased cardiac output
- b. ineffective CPR
- c. prolonged down time

34. What percentage of emergency intubations are considered difficult?

- a. 10%
- b. 15%
- c. 20%
- d. 50%

35. T or F

In arrest situations, ETCO₂ usually increases after pulses return and is a later sign of return of spontaneous circulation.

36. You have successfully resuscitated your patient. They have perfusing pulses and show ST on the monitor at a rate of 110. Your ETCO₂ reading returned to 28. Five minutes later you notice your ETCO₂ has dropped significantly however the rhythm on the monitor remains unchanged. You quickly confirm correct placement of your ETT. What is your next intervention for determining the reason for the dropping ETCO₂?

- a. Give a 500 cc fluid bolus as the patient needs more volume
- b. Ventilate slower
- c. Ventilate faster
- d. Check pulses to determine if they are weakening or absent

37. You have successfully intubated your patient using RSI and have sedated them with versed. You notice that your ETCO₂ waveform is developing small “notches.” This is an indication of:

- a. the patient starting to arouse
- b. uneven manual ventilations
- c. bronchospasm
- d. this is a normal finding

38. Match the ETCO₂ numerical finding in the following asthmatic patient who is on side stream capnometry:

- | | |
|----------------------------------|--------------------------------|
| a. Mild asthma | _____ ETCO ₂ >60 |
| b. Worsening asthma | _____ ETCO ₂ normal |
| c. Severe asthma, tiring patient | _____ ETCO ₂ <35 |

39. List 6 items that would be good predictors of difficult laryngoscopy:

40. Match the ETCO₂ waveform with the description:

- _____ Normal waveform, ETCO₂ within normal range
- _____ Dislodged ETT
- _____ CPR
- _____ Obstructed airway (bronchospasm)
- _____ Return of spontaneous circulation
- _____ Hypoventilation
- _____ Sedation wearing off post intubation



