

Schwartzstein Clip 6 Transcript

RICHARD SCHWARTZSTEIN: [INAUDIBLE] any questions from the group?

STUDENT: [INAUDIBLE]

RICHARD SCHWARTZSTEIN: Would I have intubated the patient? Throw it back to you, what would be an indication for intubation there?

STUDENT: I don't know if-- you don't have to intubate an asthma patient, but if they're really nervous, is it possible to sedate them and intubate them, and would that also reduce the potential for developing a pneumothorax?

RICHARD SCHWARTZSTEIN: So doing any procedure, you've got to weigh the risks and the benefits, right? So what's the downside of doing an intubation and putting them on mechanical ventilation? What are the potential problems associated with that, now that we think about that?

STUDENT: I don't know about the intubation itself, but then you have to extubate. And then the complications of the sedation itself to do both procedures, and then infection of having the tube in.

RICHARD SCHWARTZSTEIN: Right. So we talked about how this alters our defense mechanisms. I can't cough, I now have a conduit that goes past my larynx, a way for bacteria to enter. Ventilator-associated pneumonia is a really bad thing. So it doesn't happen immediately, but it puts you at risk for that.

And so what am I going to do intubation for? Well I can give higher concentrations of oxygen. So if I was really having a problem oxygenating, that could be a reason. What else might be a reason for using a ventilator?

STUDENT: I think it was simulation 2, we had a patient who was getting very tired. He was working so hard to breath and then couldn't keep up.

RICHARD SCHWARTZSTEIN: Right. So his pump-- ventilatory pump-- might not be working so well, it got a lot of airway resistance. Is he looking like he's not keeping up? Is the pCO₂ rising? So that could be one of the indicators that you'd be looking for. So is there a control problem? Didn't think so. Is there a pump problem? Well, we were worried about it, we didn't have evidence of it yet. Was there a gas exchange problem? And at least with his tension pneumo we started to have an oxygenation problem, but intubation might have actually made that worse because having that positive pressure going in would have made that tension pneumo worse. So probably not. We didn't meet any of the real indications for intubating here, and potential problems if we were to do it.

STUDENT: Is there a baseline heart rate at which you would not give albuterol?

RICHARD SCHWARTZSTEIN: Is there a baseline heart rate for which I would not give albuterol? Again, it depends on what you think is driving the heart rate. So if the heart rate, really you can't think of anything other than this is from the respiratory problem, I probably would say just about no. Although we would rarely see a heart rate probably above 150 or so just from his respiratory issues. If he went into atrial fibrillation and had a rate of 170, I might be a little bit leery about giving albuterol in that scenario.

But for a sinus tachycardia, if I thought it was due to the respiratory problem, I would go ahead and treat it.