



The OMFS Survival Guide

A Compressive A – E assessment

Aims & Objectives

- To understand and apply the A-E assessment to real- life cases in the context of an OMFS DCT
- To understand common causes of issues under each heading
- To apply prior knowledge when assessing to form a differential diagnosis
- To understand different airway adjuncts and who to call for help
- To be aware of important initial investigations and interventions as part of the assessment

When you are called about an unwell patient:

- Always get the patients current observations over the phone.
- Ask for a proper handover- the background of admission, the past medical history, any events leading up to this issue (e.g. is this sudden or have they been breathless etc all day?)
- There are some things you can ask for before seeing the patient, e.g. if hypoxic ask the nurse to put oxygen on the patient, if C/O chest pain, ask them to get a 12-lead ECG whilst you are on your way.

Airway

- **Assessment**
 - Are the airways patent and maintained?
 - Can the patient speak?
 - Are there added noises
 - Stridor – obstruction of upper airway
 - Snoring – pharyngeal obstruction by tongue
 - Gurgling – fluids in the upper airway
 - Crowing – laryngeal spasm

- **Causes of loss of airway**
 - Foreign body
 - Teeth and dentures are common FB
 - Higher risk in children
 - Obstruction from tissue
 - Anaphylaxis
 - Post-operative swelling/haemorrhage
 - Vomit or blood
 - Low GCS
 - Patient unable to maintain own airway
- **Management**
 - Ensure airway is patent and maintained
 - Simple airway manoeuvres
 - Head tilt chin lift
 - Jaw thrust (used if expected C-spine injury)
 - Suction
 - Secretions, vomit, fluid
 - DO NOT BLIND SUCTION
 - Remove foreign bodies
 - Finger sweep if anterior
 - Magill forceps
 - Adjuncts
 - Oropharyngeal (Guedel) airway
 - Measure up
 - Incisors to angle of mandible
 - Insertion
 - Insert upside down then rotate 180 degrees
 - Nasopharyngeal airway
 - Eyeball nostrils, get in the biggest you can
 - Insertion
 - Parallel to maxilla, lubricate and gentle twisting motion
 - Contraindications
 - Base of skull fracture
 - OXYGEN
 - 15 litres via non-rebreathe mask
 - All acutely unwell patients get oxygen

Breathing

- **Assessment**
 - Respiration rate
 - Tachypnoea – early sign of acutely ill patient

- Saturations
- Inspection, palpation, percussion, auscultation
- Signs of respiratory distress
 - Use of accessory muscles
 - Signs of cyanosis
- **Management**
 - Nebulisers
 - Patient position
 - Bag-valve mask
 - Physiotherapy
- **Investigations**
 - CXR
 - **A** – airway, check trachea central follow down to carina
 - **B** – breathing (lung fields).
 - Look for lung markings all the way to peripheries
 - If they don't – think pneumothorax
 - Pulmonary oedema - batwing appearance
 - Pleural effusions – radioopaque appearance ,loss of costophrenic/cardiophrenic angle
 - Consolidation – usually unilateral, radiopacity with bronchograms still visible
 - Consolidation differentiates Pneumonia from a lower respiratory tract infection
 - **C** – cardiac size. Make sure PA CXR
 - **D** – diaphragm
 - May be raised RHS
 - Costophrenic/Cardiophrenic angles
 - **E** - everything else
 - Bones
 - Gastric bubble
 - **ABG**
 - Type 1 respiratory failure
 - Low PO₂ – remember to consider if the patient was on oxygen when ABG taken. Normal or low PCO₂
 - Differentials
 - Pneumonia/chest infection
 - PE, pulmonary oedema, pneumothorax
 - Atelectasis/lobar collapse
 - Type 2 respiratory failure
 - Low PO₂ with high PCO₂
 - May need non-invasive ventilation
 - Differentials
 - COPD
 - Opiate overdose

- Neurological disorders (e.g. Guillain-Barre Syndrome)

Circulation

- **Assessment**
 - Pulse and blood pressure
 - Hypotension and tachycardia think SHOCK
 - Causes
 - Septic, Hypovolaemic, Cardiogenic, Anaphylactic, Neurogenic
 - Capillary refill time and temperature
 - Peripheral and central
 - Heart sounds
 - Fluid balance
 - Blood loss
 - On the floor and 4 more
 - Thorax, Abdomen, Pelvis, Long bones
- **Management**
 - IV access
 - IV fluids
 - 500ml bolus stat (<15 mins)
 - 250ml bolus for existing Ischaemic Heart Disease/Heart Failure or Chronic Kidney Disease
 - Catheterise
 - Manage major haemorrhage
 - Recruit help
 - Pressure, tourniquet
 - Surgery to control bleeding
 - MAJOR HAEMORRHAGE PROTOCOL
 - Be aware of your trust's guidelines
- **Investigations**
 - Bloods (including cultures)
 - ECG

Disability

- **Assessment**
 - AVPU (ACVPU)
 - C for new confusion
 - Think confusion screen
 - Bloods – FBC, U+Es, LFTs, Coag, TFTs, Calcium, B12+Folate, Glucose, Blood Cultures
 - Urinalysis
 - CXR

- CT head
 - Other causes of new confusion/delirium
 - PINCH ME
 - Pain, Infection, Nutrition, Constipation, Hydration, Medications, Environment
- GCS
 - 15 point scale
 - Eye (4)
 - Verbal (5)
 - Motor (6)
 - Minimum score 3, Maximum score 15
 - GCS 8 or less – cannot maintain own airway
 - Anaesthetics for definitive airway
- Pupil size and reaction
- Pain assessment
- **Blood glucose level- DEFG (Don't Ever Forget Glucose)**
- **Management**
 - Correct hypoglycaemia
 - Control pain
- **Investigations**
 - CT head

Exposure

- Temperature
 - Antibiotics if indicated
 - Start broad spectrum
 - Always use trust guidelines
- Perform head to toe examination
 - Front and back
 - Need help to roll patient for thorough assessment

Tracheostomy Emergencies

- GET HELP EARLY
- OXYGEN
 - Via tracheostomy mask
 - Via non-rebreathe mask
 - Put the oxygen on both the tracheostomy and the mouth
- Look
 - Any obvious obstructions
 - Position of tracheostomy
- Listen
 - Air passing through

- Feel
 - o With back of hand
- Management
 - o Remove speaking valve and inner tube
 - o Suction catheter
 - o Deflate cuff
 - o If patient still not improving then may require removal of tracheostomy
 - Get help - airway assistance

Further Reading

General assessment of OMFS patients: <https://www.amazon.co.uk/Call-Oral-Maxillofacial-Surgery-2nd/dp/1909818585>

Resuscitation council UK: <https://www.resus.org.uk/library/abcde-approach>

OSCE Stop: https://oscestop.com/ABCDE_management.pdf

Oxford Medical Education: <https://oxfordmedicaleducation.com/emergency-medicine/abcde-assessment/>

Geeky medics: <https://geekymedics.com/abcde-approach/>

National Tracheostomy Safety Project: <https://www.tracheostomy.org.uk/healthcare-staff/emergency-care/emergency-algorithm-tracheostomy>

Recommended Courses

Immediate Life Support

Advanced Life Support

Advanced Trauma Life Support

Acute Illness Management

National Tracheostomy Safety Project