1. **REPORT DATE** (DD-MM-YYYY)  
10/21/2017

2. **REPORT TYPE**  
Poster

3. **DATES COVERED** (From - To)  
10/21/2017-10/24/2017

4. **TITLE AND SUBTITLE**  
Un"Kush"ioned Fall: Anticipated Difficult Airway in Acutely Intoxicated Patient With Severe Facial Injuries

5a. **CONTRACT NUMBER**

5b. **GRANT NUMBER**

5c. **PROGRAM ELEMENT NUMBER**

6. **AUTHOR(S)**  
Capt Corinne A Davis

5d. **PROJECT NUMBER**

5e. **TASK NUMBER**

5f. **WORK UNIT NUMBER**

7. **PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)**  
59th Clinical Research Division  
1100 Willford Hall Loop, Bldg 4430  
JBSA-Lackland, TX 78236-9908  
210-292-7141

8. **PERFORMING ORGANIZATION REPORT NUMBER**  
17392

9. **SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)**  
59th Clinical Research Division  
1100 Willford Hall Loop, Bldg 4430  
JBSA-Lackland, TX 78236-9908  
210-292-7141

10. **SPONSOR/MONITOR'S ACRONYM(S)**

11. **SPONSOR/MONITOR'S REPORT NUMBER(S)**

12. **DISTRIBUTION/AVAILABILITY STATEMENT**  
Approved for public release. Distribution is unlimited.

13. **SUPPLEMENTARY NOTES**  
American Society of Anesthesiologists Annual Meeting 2017 (ASA), Boston MA 21-24 Oct 2017

14. **ABSTRACT**

15. **SUBJECT TERMS**

16. **SECURITY CLASSIFICATION OF:**  
a. **REPORT**

17. **LIMITATION OF ABSTRACT**

18. **NUMBER OF PAGES**  
19a. **NAME OF RESPONSIBLE PERSON**  
Clarice Longoria  
210-292-7141

19b. **TELEPHONE NUMBER (Include area code)**
Anticipated Difficult Airway in Acutely Intoxicated Patient With Severe Facial Injuries

Introduction:

A 32-year-old male was brought into the emergency department after a motor vehicle accident. He was found to be unresponsive with a Glasgow Coma Scale score of 3. On examination, he had multiple facial fractures, including a zygomatic arch fracture and maxillary fractures. The airway was noted to be severely compromised due to the facial injuries.

Anesthesia Preparation and Management:

Due to the anticipated difficulty in intubation, a plan was developed to secure the airway. A nasopharyngeal airway was inserted, and oxygen was administered. Anesthesia was induced with etomidate and fentanyl, followed by a rapid sequence intubation with a size 7.5 endotracheal tube. The patient was ventilated with high-flow oxygen, and the airway was secured with a cuffed endotracheal tube.

Discussion:

The management of the airway in patients with facial injuries can be challenging. It is important to consider the potential for airway compromise due to the presence of fractures and swelling. Preparation with appropriate equipment and personnel is crucial to ensure a safe and successful airway management.

Conclusion:

The patient was successfully intubated and transferred to the intensive care unit for further management of his injuries. The anesthetic team worked collaboratively to ensure the patient's safety and comfort throughout the procedure.

Appendix

Additional information on the patient's medical history and pre-admission airway assessment is available in the electronic medical record. The team's decision-making process and the use of specialized equipment are documented in the anesthesia record.