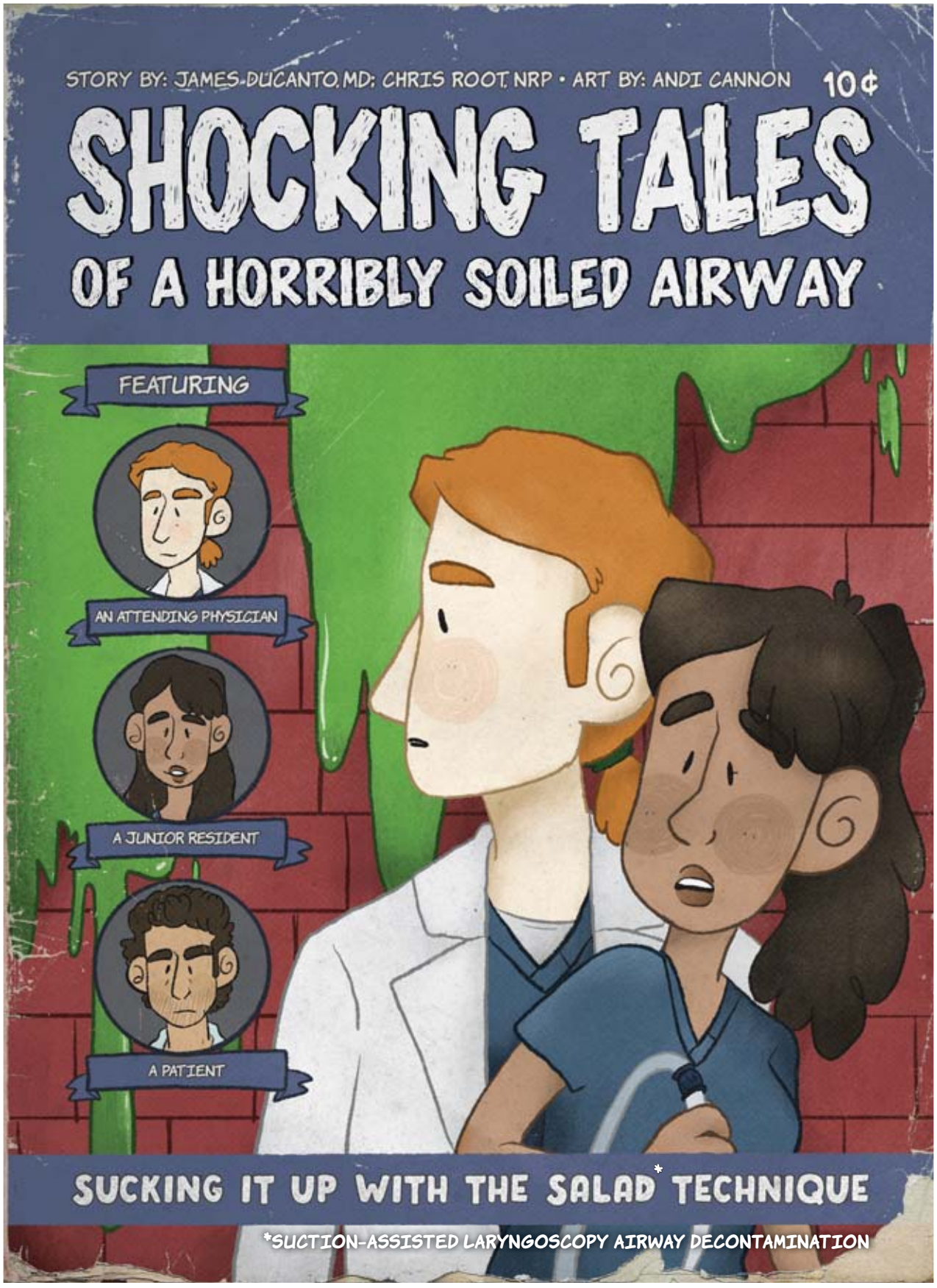
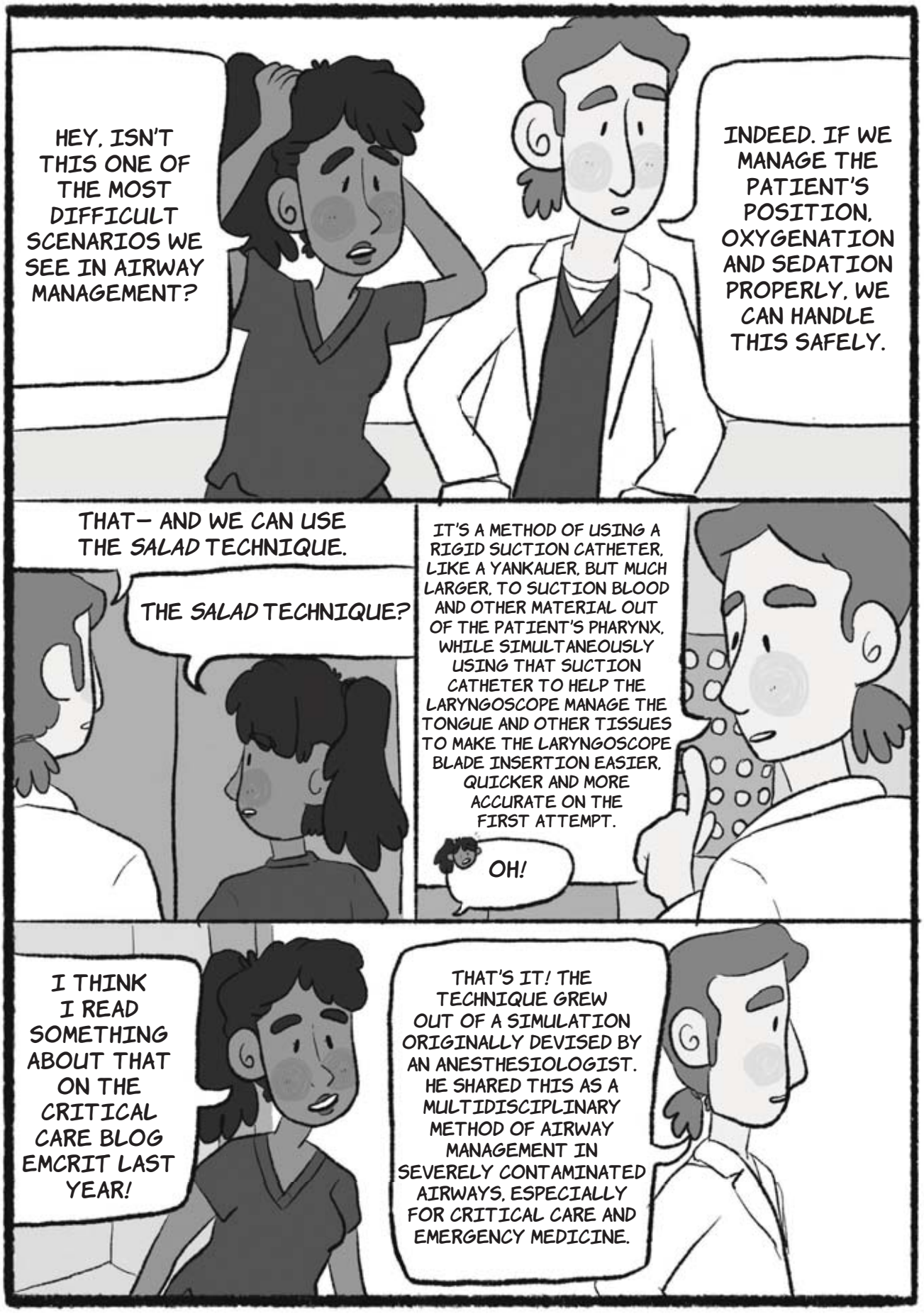
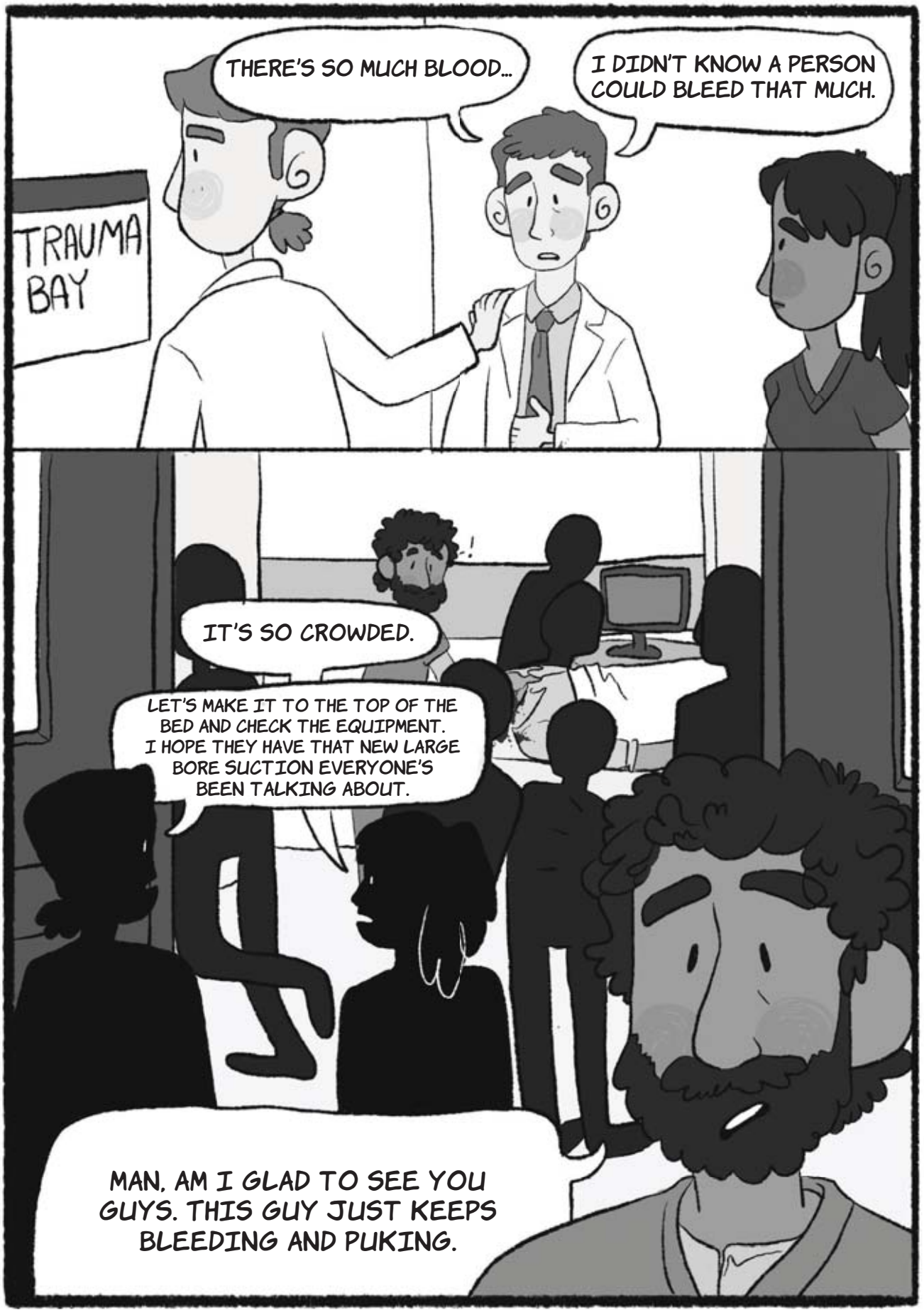

STORY BY: JAMES DUCANTO, MD; CHRIS ROOT, NRP • ART BY: ANDI CANNON
10¢
SHOCKING TALES
OF A HORRIBLY SOILED AIRWAY
FEATURING
AN ATTENDING PHYSICIAN
A JUNIOR RESIDENT
A PATIENT
SUCKING IT UP WITH THE SALAD* TECHNIQUE
*SUCTION-ASSISTED LARYNGOSCOPY AIRWAY DECONTAMINATION


MEANWHILE IN THE DOCTORS' LOUNGE …
SURE IS QUIET TONIGHT…
STAT Airway:
48 yo M MASSIVE
Upper GI Bleed,
Emergency Department


HEY, ISN'T THIS ONE OF THE MOST DIFFICULT SCENARIOS WE SEE IN AIRWAY MANAGEMENT?
INDEED. IF WE MANAGE THE PATIENT'S POSITION, OXYGENATION AND SEDATION PROPERLY, WE CAN HANDLE THIS SAFELY.
THAT— AND WE CAN USE THE *SALAD* TECHNIQUE.
THE *SALAD* TECHNIQUE?
IT'S A METHOD OF USING A RIGID SUCTION CATHETER, LIKE A YANKAUER, BUT MUCH LARGER, TO SUCTION BLOOD AND OTHER MATERIAL OUT OF THE PATIENT'S PHARYNX, WHILE SIMULTANEOUSLY USING THAT SUCTION CATHETER TO HELP THE LARYNGOSCOPE MANAGE THE TONGUE AND OTHER TISSUES TO MAKE THE LARYNGOSCOPE BLADE INSERTION EASIER, QUICKER AND MORE ACCURATE ON THE FIRST ATTEMPT.
OH!
I THINK I READ SOMETHING ABOUT THAT ON THE CRITICAL CARE BLOG EMCRIT LAST YEAR!
THAT'S IT! THE TECHNIQUE GREW OUT OF A SIMULATION ORIGINALLY DEVISED BY AN ANESTHESIOLOGIST. HE SHARED THIS AS A MULTIDISCIPLINARY METHOD OF AIRWAY MANAGEMENT IN SEVERELY CONTAMINATED AIRWAYS, ESPECIALLY FOR CRITICAL CARE AND EMERGENCY MEDICINE.


THERE'S SO MUCH BLOOD…
I DIDN'T KNOW A PERSON COULD BLEED THAT MUCH.
TRAUMA BAY
IT'S SO CROWDED.
LET'S MAKE IT TO THE TOP OF THE BED AND CHECK THE EQUIPMENT. I HOPE THEY HAVE THAT NEW LARGE BORE SUCTION EVERYONE'S BEEN TALKING ABOUT.
MAN, AM I GLAD TO SEE YOU GUYS. THIS GUY JUST KEEPS BLEEDING AND PUKING.


HE'S GOT A HISTORY OF VARICES –
– AND IT LOOKS LIKE HE RUPTURED ALL OF THEM TONIGHT. HE'S SEDATED AND PARALYZED. WE'VE BEEN BAGGING BUT HIS SAT KEEPS DROPPING.
THIS IS GOING TO BE A TOUGH ONE. SET UP THE VIDEO LARYNGOSCOPE WHILE I GET THE SUCTION READY.
WON'T THE BLOOD AND PUKE BLOCK THE CAMERA LENS?
NOT IF WE USE THE SALAD TECHNIQUE.


ELEVATE THE HEAD OF THE BED. GET THE EAR IN LINE WITH THE STERNAL NOTCH.
THEN, TAKE THE SUCTION CATHETER IN YOUR RIGHT HAND, AND GRIP IT OVERHAND.
GOT IT!
ENTER THE MOUTH AND SUCTION AGGRESSIVELY, SWEEPING FROM SIDE TO SIDE, UNTIL YOU COME AROUND THE BASE OF THE TONGUE.


NOW USE THE SUCTION CATHETER TO LIFT THE AIRWAY STRUCTURES AND MAKE ROOM FOR THE LARYNGOSCOPE. ALWAYS LEAD WITH SUCTION AND YOU'LL PROTECT YOUR CAMERA, NEVER LOSE YOUR VIEW. KEEP SUCTIONING UNTIL YOU'VE VISUALIZED THE GLOTTIC OPENING.
THEN YOU CAN SUCTION THE PROXIMAL TRACHEA.
HE'S STILL BLEEDING! IF I STOP, I'M GOING TO LOSE MY VIEW!
THAT'S WHY YOU'RE NOT GOING TO STOP SUCTIONING.
HOW SO?


PULL OUT THE SUCTION CATHETER AND REINSERT IT TO THE LEFT OF THE BLADE, AND ADVANCE IT UNTIL IT'S SITTING IN THE UPPER ESOPHAGUS.
THE CATHETER WILL PROVIDE CONTINUOUS SUCTION, PROTECTING YOUR VIEW AND ALLOWING YOU TO DELIVER THE TUBE.
TUBE'S IN!


GREAT WORK! NOW, SUCTION THE TUBE, HOOK UP THE END-TIDAL CAPNOGRAPHY AND VENTILATE.
IT'S DONE. WE DID IT!
GOOD JOB!


THAT WAS AMAZING! I THOUGHT WE WERE GONNA END UP DOING A SURGICAL CRIC ON THIS GUY. THANK YOU SO MUCH. HOW DID YOU KNOW WHAT TO DO?
IT'S CALLED THE *SALAD* TECHNIQUE.
YOU SHOULD LOOK INTO IT…

Copyright © 2019 McMahon Publishing, 545 West 45th Street, New York, NY 10036. Printed in the USA. All rights reserved, including the right of reproduction, in whole or in part, in any form.