

# 1-1 Key basic plan v.1

This Key Basic Plan will detect and identify almost all initial problems, allowing you to fix or temporise. There are specific drills for specific problems later on in the QRH. Using the same systematic approach:

- Increases the chance of identifying the problem.
- Reduces the risk of missing the problem.
- Limits fixing attention inappropriately.

## START

### 1 Adequate oxygen delivery (Note Box B)

- Pause surgery if possible.
- Check fresh gas flow for circuit in use AND check measured  $F_iO_2$ .
- Visual inspection of entire breathing system including valves and connections.
- Rapidly confirm reservoir bag moving OR ventilator bellows moving.

### 2 Airway (Box C)

- Check position of airway device and listen for noise (including larynx and stomach).
- Check capnogram shape compatible with patent airway.
- Confirm airway device is patent (consider passing suction catheter).
- Consider whether you need to isolate equipment (Box D).

### 3 Breathing

- Check chest symmetry, rate, breath sounds,  $SpO_2$ , measured  $VT_{exp}$ ,  $EtCO_2$ .
- Feel the airway pressure using reservoir bag and APL valve (Box E) <3 breaths.

### 4 Circulation

- Check rate, rhythm, perfusion, re-check BP.

### 5 Depth

- Ensure appropriate depth of anaesthesia, analgesia and neuromuscular blockade.

### 6 Consider surgical problem.

### 7 Call for help if problem not resolving quickly.

#### Box A: CRITICAL CHANGES

If problem worsens significantly or a new problem arises, call for help and go back to **START** of key basic plan.

#### Box B: ADEQUATE OXYGEN DELIVERY

Altering fresh gas flow may require change of vaporiser setting.

#### Box C: AIRWAY

Noise: Listen over the larynx with a stethoscope to get more information (e.g. leak / obstruction).

Tracheal tube: You can pass a suction catheter to check patency.

#### Box D: ISOLATE EQUIPMENT

Ventilate lungs using self-inflating bag connected **DIRECTLY** to tracheal tube connector.

**DO NOT** use the HME filter, angle piece or catheter mount.

- If increased pressure manually confirmed, re-connect machine.
- If increased pressure **NOT** manually confirmed, assume problem with machine/circuit/HME/filter/angle piece/catheter mount: check and replace as indicated.

#### Box E: BREATHING

Remember that airway 'feel' depends on your APL valve setting and fresh gas flow.

You can only "feel" a maximum of what the APL valve is set to. Measured expired tidal volume gives additional information.