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## **Principles Of Management By Tripathi And Reddy.pdf ((LINK))**

Analgesia should be coadministered to all patients prior to airway management (Category A evidence).<sup>1</sup> Prior to induction of anesthesia and before performing any specific airway maneuver, patients should be assessed for their ability to protect their airway during induction (Category A evidence).<sup>48</sup> Although specific patient monitoring is needed to monitor the depth and rate of inhalational induction, procedures should be optimized to decrease the risk of triggering an airway obstruction (Category A evidence).<sup>2, 232</sup> Patients undergoing dental treatment should be secured in the dental chair by the administration of a muscular relaxant such as atracurium (Category A evidence). The quality of the procedure is guided by the proceduralist during airway management (Category B-B evidence).<sup>46</sup> The procedure is guided by the anesthesiologist during general anesthesia care (Category C evidence).<sup>60</sup> The anesthesia procedures are guided by airway management guidelines (Category D evidence).<sup>4</sup> The anesthesiologist attempts to achieve and maintain a patent airway to provide an adequate margin of safety for safe and effective management of airway difficulties (Category B evidence).<sup>5</sup> Careful attention to the indication for initiating the procedure, patient monitoring, alternative procedures, and anesthetic/analgesic drugs are critical for safe and efficient management of a potential difficult airway (Category B-B evidence).<sup>87 87 90 90 90 91 91 92</sup> Answering calls and attending to emergent airway management cases can be considered as “hours worked” to be reported to the patient’s health insurance (Category C evidence).<sup>123 123</sup> In an emergency situation, the decision to perform emergent or elective surgery on a patient with a complex medical/anesthetic history depends on the availability and skill of the anesthesiologist (Category C evidence).<sup>133 133 135</sup> Surgical airway planning is an important consideration for patient safety in a rescue situation (Category B evidence).<sup>109 109</sup> Trauma patients may not tolerate the mask or face mask, and should be managed with an alternative airway (Category B evidence).

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# preoperative information

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about the anticipated difficult airway patient should be gathered to identify the need for airway intervention. the resources available in the operating room setting to perform airway interventions should be considered. this preoperative assessment should include the development of a plan that incorporates the anticipated difficult airway patient's medical problems, previous

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surgery, medications, and comorbidities. this assessment should include the anticipated difficult airway patient's medical history, physical examination, and airway assessment, a review of medications and allergies and treatment, and a review of the anticipated airway management of the patient. the patient's predicted or anticipated difficult airway should be quantified as the

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highest number in the case description section of these guidelines that is appropriate in any given situation (i.e, if the patient has characteristics of a classical airway, the difficulty of the airway is classified as classical, if the patient has characteristics of a nonclassical airway, the difficulty of the airway is classified as nonclassical). the classification of the anticipated difficult airway

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patient should be documented, along with any airway intervention plan developed. a randomized controlled trial compared the use of an internet-based video educational program to teach difficult airway management to providers from anesthesiology residency programs (in a joint effort with the association of american medical colleges) (category a-i evidence). 224 a

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prospective, single-center, randomized, observer-blinded comparison of the medical student and anesthesiology resident performance in a manikin difficult airway scenario was successfully completed (category a-ii evidence). 2255ec8ef588b

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