

**PP032 AWAKE INTUBATION**

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airway. Awake intubation is a critical skill in this scenario. Patient should be well pre-oxygenated and prepped prior to procedure. A multidisciplinary approach is highly recommended.

**INTRODUCTION**

Endotracheal intubation is a lifesaving skill in airway emergencies. Awake intubation is usually performed electively in the presence of a difficult airway.

**CASE DESCRIPTION**

Middle aged, large built, Chinese male was brought into resuscitation bay with complaints of swelling over the left side of his neck for 2 days, gradually extending anteriorly, with hoarseness and dysphagia.

On examination, noted a swelling over the left sub-mandibular region measuring 5cm X 6cm, extending to the midline of the neck with discoloration of the skin. Other physical examination were unremarkable. His BP 170/90 mmHg, HR 120 bpm, RR 20, with temperature of 38.20C and saturating 100% on air. Chest and Neck X-ray showed contralateral deviation of trachea and subcutaneous emphysema within the soft tissue. The lung fields and cardiac shadow normal.

The patient was kept fasted. Antibiotics and intravenous fluids were initiated. Bedside flexible scope by ENT team revealed a patent airway with medialization and edema of pharynx. In anticipation of a difficult airway, patient was electively intubated in the OT via awake intubation.

Subsequent CT neck showed retropharyngeal abscess which was debrided and drained. Tracheostomy was done. Patient was discharged well.

**DISCUSSION AND CONCLUSION**

Rapid airway assessment allows identification of a possible difficult