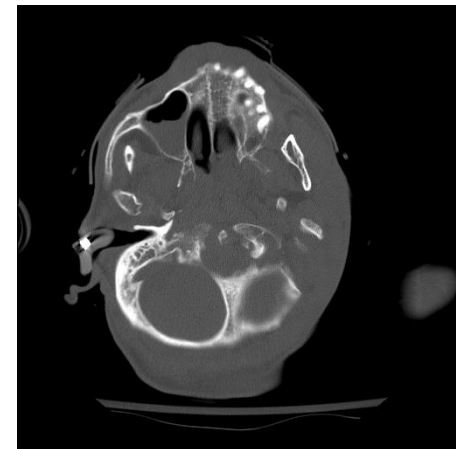
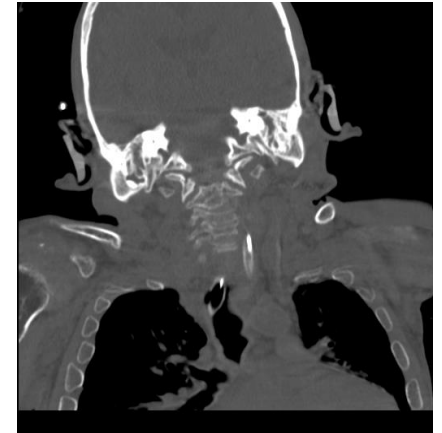
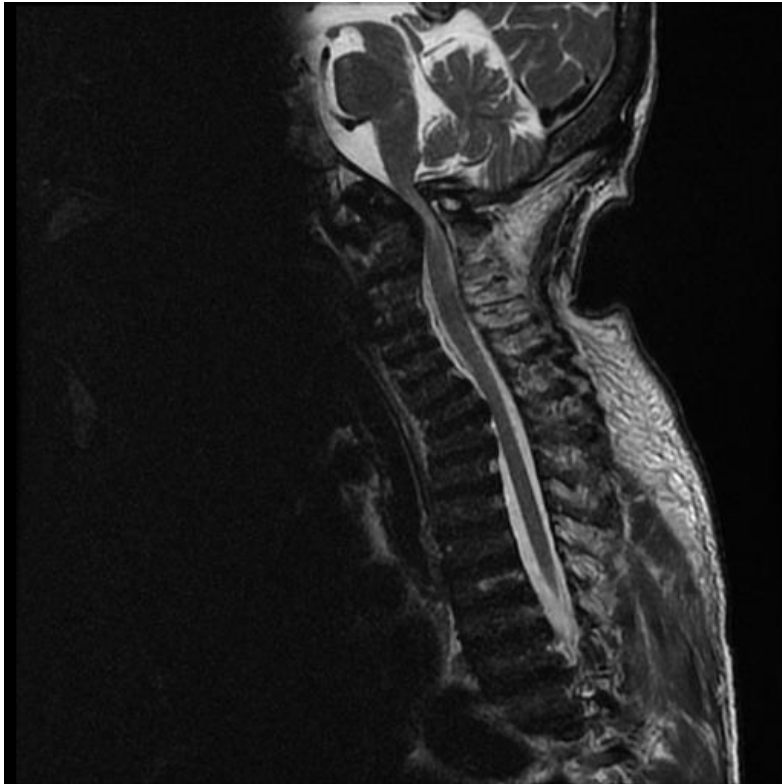


53 year old male with dwarfism and respiratory failure. ENT plans to place a tracheostomy and requests your assessment of safety of procedure



History

- Patient transferred from outside hospital for care in the setting of inability to wean off of ventilator, with possible need for tracheostomy placement. He was originally admitted following a cardiac arrest while being seen for tachypnea. Patient received 3-4 minutes of CPR, 1gm epinephrine, and was intubated. During his hospital stay he was treated for pneumonia, the presumed cause of his respiratory failure and cardiac arrest. After treatment with Rocephin patient failed to improve, and treatment team initiated Levofloxacin. He initially had difficulty with sedation with Propofol, and was transferred to versed and fentanyl with better results. An attempt was made to extubate the patient but he was found to have marked laryngeal edema, necessitating reintubation. Patient was started on Solumedrol to reduce swelling. Due to inability to be weaned from the ventilator, treatment team considered a tracheostomy to likely be required.

Physical exam

General Appearance: Intubated, alert/oriented, following commands
Small stature. Weight 59 lbs.

Neuro Exam:

GCS: Eyes: 4 Verbal: 5 Motor: 6

Pupils: OD size: 3 mm, reaction: brisk

OS size: 3 mm, reaction: brisk

Cranial Nerves: 2-12 grossly intact, patient is deaf.

Motor: exam somewhat limited by body habitus but 4+/5 in upper and lower extremities B/L

Sensory: LT Grossly intact

Reflexes: Normal and symmetric, no pathological reflexes