

**(2<sup>nd</sup> Prize)**

**TOPIC: My most memorable Anaesthetic Experience”**

**Written by N.B.**

In the month of June 2006, patient age 18 was admitted in the hospital emergency room to be operated for acute abdomen. I quickly found myself in the emergency room for pre-anaesthetic assessment of my patient. During the assessment I took into consideration the airway management of the patient and other co-existing problem that could cause problem for my administration of safe anaesthesia to my patient.

The result of my assessment, I found out that the patient was in shock, has a very short neck and the Hb was 3.0gm that indicate severe anaemia. I opened IV lines with a 16G venocath each and started giving fluid from the ER. We type and cross match for 3 units of compatible blood that followed her to the OT. I quickly gather materials to have my patient intubated while the surgeon stood and watched me. I attempted 3 times to intubate, but could not even visualise the uvula, I immediately ventilated the patient with an ambu-bag until she was awake. The only possible technique I have was the IV and spinal, no other possibility. Because spinal was contraindicated.

Finally I decided to do the case with Ketamine while using face mask connected to the O2 concentrator and the outcome was quiet fine, I therefore believed strongly that Ketamine is a very good anaesthetic for most critical emergency patients. I remember this patient, because this was my first experience with difficult intubation.