

Life saved by tele-intensivist: detection of endobronchial intubation

Hospital

Multispecialty

ICU

MICU, 6 beds, 55% occupancy

Location

Bangalore, South India

Hospital staff

No 24/7 trained intensivist
at hospital

PATIENT CASE

A 58 year old woman was admitted in the ER with an altered level of consciousness. Her work of breathing (WOB) was very high, and she was immediately intubated and shifted to the MICU.

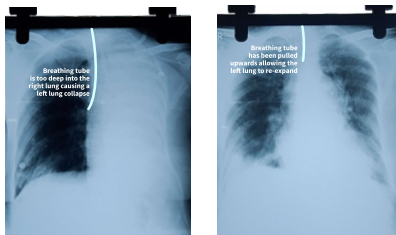
However, despite intubation and mechanical ventilation, the patient was desaturating and her condition was becoming more severe.

ACTION TAKEN

The Cloudphysician tele-critical care team observed that the patient's work of breathing (WOB) was not coming down even after intubation. Additionally the peak airway pressures were abnormally high and a portable chest x-ray was ordered.

The Cloudphysician intensivist and nurse practitioner noticed that the patient was not intubated correctly and the marking of the endotracheal tube suggested it ended at the T4-T5 level (it needed to be at the T2 level). The chest x-ray demonstrated that the endotracheal tube was lodged in the right mainstem bronchus with a collapse of the left lung. The tele-intensivist immediately led corrective actions.

The hospital team was guided to bring the tube to the correct level and a repeat chest x-ray was ordered. This x-ray confirmed that the left lung, which collapsed because of the incorrect intubation, had re-expanded and the tube was now in the appropriate position. Then the team managed the patient on a ventilator and in 30 minutes, the patient's WOB and vital functions improved.



TAKEAWAY

Better ICU patient outcomes are a result to having access to experienced and qualified expertise in real-time, which in this case, was the Cloudphysician Smart-ICU team leading the hospital team to save the patient's life.

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