

## Rapid Reference

CSF Analysis					
General Heuristics for CSF Interpretation					
Diagnosis	WBC	Glucose	Protein	Opening Pressure	Other
<b>Fungal Meningitis</b>	↑ (lymphocytes)	↓ (<60% serum glucose)	↑	Variable	Fungal Cx
<b>GBS</b>	Normal	Normal	↑↑	Normal	So-called "albumino- cytologic dissociation"
<b>SAH</b>	Normal (accounting for peripheral ratio of RBC to WBC)	Normal	↑	Normal to ↑	Xanthochromia = yellow appearance of CSF, suggests long-term presence of RBCs (to dx from traumatic tap)

Trach Troubleshooting	
Tracheostomy Basics	
<b>Major types</b>	Shiley or Bivona (more flexible, better for active children)
<b>Sizes</b>	A "3.0" trach has an <b>inner diameter</b> of 3.0 mm, sizes vary by age
<b>Cuffed vs. Uncuffed</b>	<b>Cuffs improve air seal, prevent aspiration</b> , but uncuffed allows spontaneous breathing, improved vocalization, may be appropriate for infants and small children
<b>Outer vs. Inner Cannula</b>	Outer cannula holds stoma open, inner cannula can be removed for cleaning
<b>Fenestration</b>	Improves vocalization
<b>Trach Ties</b>	The part that wraps around the neck to keep trach in place
Trach Complications	
<b>Plan ahead!</b>	<ul style="list-style-type: none"> <li>• Differentiate new (&lt; 7 days) vs. mature stoma (&gt; 7 days)</li> <li>• Know if your patient can be ventilated "from above" in event of trach malfunction</li> <li>• Know your patient's trach brand, size, features and have replacement trach at bedside, including one size smaller</li> </ul>
<b>Decannulation</b>	<ul style="list-style-type: none"> <li>• Staff assist, call RT urgently</li> <li>• If new stoma, do NOT blindly replace trach, call ORL</li> </ul>
<b>Obstruction</b>	<ul style="list-style-type: none"> <li>• <b>Mucous plugging</b> → <b>suction, replace inner cannula</b>, etc.</li> <li>• <b>Back-walling</b> = Distal end of trach obstructs against posterior tracheal wall → call RT, reposition trach, may need longer trach</li> <li>• <b>Tracheal stenosis or granulation tissue</b> → call ORL, may need to be addressed surgically</li> <li>• Consider deflating cuff and ventilating "from above" if possible</li> </ul>
<b>Bleeding</b>	<ul style="list-style-type: none"> <li>• Although rare, have high index of suspicion for tracheo-arterial fistula, call ORL</li> <li>• Differentiate blood from trach vs. from stoma/trach site</li> </ul>