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Presentation Title: A Picture is Worth 1000 Words: Perils of Incomplete Medical Records in Airway Management

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Presentation Summary:

A Picture is Worth 1000 Words: Perils of Incomplete Medical Records in Airway Management	
Emma Thompson	Primary Author/Presenter
Glen Atlas	Faculty Mentor
Jean Eloy	Program Director

Title	A Picture is Worth 1000 Words: Perils of Incomplete Medical Records in Airway Management
Learning Objective	Highlight the danger of incomplete access to medical information via Care Everywhere for preoperative planning, using a case where inaccessible imaging resulted in difficult airway management and an intraoperative tracheotomy.
Case Description	57 year old male with past medical history of hyperlipidemia, lumbar disc herniation, and right knee osteoarthritis, presented with 3 months of dysphagia and a right tongue base mass suspected to be malignant. Operative plan was for direct laryngoscopy with biopsies prior to chemotherapy/radiation. Under the attending anesthesiologist's guidance, the resident anesthesiologist attempted intubation with a metal D-blade on a CMAC to find that the mass's location was more distal, occluded the epiglottis, and the view was quickly limited by bleeding due to the mass's friability.
	After several attempts, the attending anesthesiologist and otolaryngologist attempted to intubate the patient. Eventually, intubation with an endotracheal tube was achieved, resection of the mass was completed, and video laryngoscopy was performed. The patient had an intraoperative tracheotomy while under general anesthesia, which was unplanned. The endotracheal tube was removed, patient emerged without further complications and was taken to the perioperative recovery room.

Discussion	Adoption of the electronic medical record and of Care Everywhere is intended to provide physicians and patients with readily accessible information from any location. When anesthesiologists are working with surgeons who consent patients at multiple locations, proper preoperative assessment of anesthetic risk due to incomplete or missing medical information represents a safety and liability concern. In this case, an outside imaging report was available without the images themselves. No pictures of the airway or the mass were available in notes for review by the anesthesiologist prior to the operation. On physical exam, the patient had no hoarseness, stridor, or other warning signs of a mass occluding the airway. Had the imaging been available, this patient's would not have undergone C-MAC videolaryngoscopy for intubation. They would have undergone an awake tracheotomy. This represents a near miss case and an issue of incomplete medical records and highlights an opportunity for establishing standardized protocols across facilities. Initiatives at improving completeness and accessibility of medical records including the use of artificial intelligence to flag incomplete records are a potential avenue of improving patient safety and outcomes (1,2).
References	Mohsen, F., Ali, H., El Hajj, N., & Shah, Z. (2022). Artificial intelligence-based methods for fusion of electronic health records and imaging data. Scientific reports, 12(1), 17981. https://doi.org/10.1038/s41598-022-22514-4 Pandey, M., Arora, M., Arora, S., Goyal, C., Gera, V. K., & Yadav, H. (2023). AI-based Integrated Approach for the Development of Intelligent Document Management System (IDMS). Procedia Computer Science, 230, 725-736.
Presentation Preference	Sunday, December 8
Category	Airway Perioperative Management

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