

- 1. Consider elective fiberoptic or videolaryngoscopy (Increased risk Diff Intubation/difficult Mask Vent)**
- 2. Consider smaller ETT & ↓cuff & airway pressures**
- 3. Avoid hyperextension/hyperabduction/ocular pressure/pressure points.**
- 4. Position change (esp under GA) can → joint dislocation/subluxation**
- 5. Careful with positioning devices/adhesive tape/ECG leads. Shear forces can→skin tearing**
- 6. Inquire if altered local anesthetic sensitivity (slow onset, LA resistance, ↑sensitivity all reported).**
- 7. Increased fluids requirements (liberalize NPO restrictions, pre/post hydrate) and use IVF warmer**
- 8. Avoid Compazine/Reglan (extrapyramidal rx)**
- 9. Noninvasive monitors preferred (vessel fragility)**
- 10. Tourniquet risks/benefits↑ (hematoma, compartment syn, diffuse bleeding after deflation)**
- 11. Sutures may require extra layers, longer duration, less tension due to tissue fragility**
- 12. Monitor carefully postop (↑risk airway edema, bleeding, organ rupture, residual NMB, organ rupture, vascular dissection, pneumothorax)**