Unanticipated difficult tracheal intubation - during rapid sequence induction of anaesthesia in non-obstetric adult patient

Direct laryngoscopy ➔ Any problems ➔ Call for help

Plan A: Initial tracheal intubation plan

Pre-oxygenate
Cricoid force: 10N awake → 30N anaesthetised
Direct laryngoscopy - check:
  - Neck flexion and head extension
  - Laryngoscopy technique and vector
  - External laryngeal manipulation - by laryngoscopist
Vocal cords open and immobile
If poor view:
  - Reduce cricoid force
  - Introducer (bougie) - seek clicks or hold-up and/or Alternative laryngoscope

Plan B not appropriate for this scenario

Plan C: Maintenance of oxygenation, ventilation, postponement of surgery and awakening

Use face mask, oxygenate and ventilate
1 or 2 person mask technique (with oral ± nasal airway)
Consider reducing cricoid force if ventilation difficult

failed oxygenation
(e.g. $\text{SpO}_2 < 90\%$ with $\text{FiO}_2$ 1.0) via face mask

Plan D: Rescue techniques for "can't intubate, can't ventilate" situation

failed ventilation and oxygenation

Verify tracheal intubation
(1) Visual, if possible
(2) Capnograph
(3) Oesophageal detector
"If in doubt, take it out"

Postpone surgery and awaken patient if possible or continue anaesthesia with LMA™ or ProSeal LMA™
if condition immediately life-threatening

Plan D not applicable for this scenario