Unanticipated difficult tracheal intubation – during routine induction of anaesthesia in a child aged 1 to 8 years

**Difficult direct laryngoscopy**

**Step A** Initial tracheal intubation plan when mask ventilation is satisfactory

- Direct laryngoscopy – not > 4 attempts
  - Check:
    - Neck flexion and head extension
    - Laryngoscopy technique
    - External laryngeal manipulation – remove or adjust
    - Vocal cords open and immobile (adequate paralysis)
  - If poor view – consider bougie, straight blade laryngoscope* and/or smaller ETT

**Step B** Secondary tracheal intubation plan

- Insert SAD (e.g. LMA™) – not > 3 attempts
- Oxygenate and ventilate
- Consider increasing size of SAD (e.g. LMA™) once if ventilation inadequate

**Failed intubation with good oxygenation**

- Convert to face mask
- Optimise head position
- Oxygenate and ventilate
- Ventilate using two person bag mask technique, CPAP and oro/nasopharyngeal airway
- Manage gastric distension with OG/NG tube
- Reverse non-depolarising relaxant

**Failed oxygenation e.g. \( \text{SpO}_2 <90\% \) with \( \text{FiO}_2 \, 1.0 \)**

- Verify ETT position
  - Capnography
  - Visual if possible
  - Auscultation
  - If ETT too small consider using throat pack and tie to ETT
  - If in doubt, take ETT out

**Giving 100% Oxygen and Maintain Anaesthesia**

**Call for Help**

**Verifying ETT position**

- Capnography
- Visual if possible
- Auscultation

**If ETT too small consider using throat pack and tie to ETT**

**If in doubt, take ETT out**

**Failed intubation via SAD (e.g. LMA™)**

- Consider modifying anaesthesia and surgery plan
- Assess safety of proceeding with surgery using a SAD (e.g. LMA™)

**Failed ventilation and oxygenation**

- Convert to face mask
- Optimise head position
- Oxygenate and ventilate
- Ventilate using two person bag mask technique, CPAP and oro/nasopharyngeal airway
- Manage gastric distension with OG/NG tube
- Reverse non-depolarising relaxant

**Failed intubation with good oxygenation**

- Consider 1 attempt at FOI via SAD (e.g. LMA™)
- Verify intubation, leave SAD (e.g. LMA™) in place and proceed with surgery

**Failed intubation via SAD (e.g. LMA™)**

- Consider 1 attempt at FOI via SAD (e.g. LMA™)
- Verify intubation, leave SAD (e.g. LMA™) in place and proceed with surgery

**Failed oxygenation e.g. \( \text{SpO}_2 <90\% \) with \( \text{FiO}_2 \, 1.0 \)**

- Convert to face mask
- Optimise head position
- Oxygenate and ventilate
- Ventilate using two person bag mask technique, CPAP and oro/nasopharyngeal airway
- Manage gastric distension with OG/NG tube
- Reverse non-depolarising relaxant

**Following intubation attempts, consider**

- Trauma to the airway
- Extubation in a controlled setting

*Consider using indirect laryngoscope if experienced in their use

\*SAD = supraglottic airway device