Plan B: Maintaining oxygenation: SAD insertion

STOP AND THINK
Options (consider risks and benefits):
1. Wake the patient up
2. Intubate trachea via the SAD
3. Proceed without intubating the trachea
4. Tracheostomy or cricothyroidotomy

Plan C: Facemask ventilation

Final attempt at face mask ventilation

Plan D: Emergency front of neck access

Cricothyroidotomy

This flowchart forms part of the DAS Guidelines for unanticipated difficult intubation in adults 2015 and should be used in conjunction with the text.
Management of unanticipated difficult tracheal intubation in adults

**Plan A: Facemask ventilation and tracheal intubation**
- Optimise head and neck position
- Preoxygenate
- Adequate neuromuscular blockade
- Direct / Video Laryngoscopy (maximum 3+1 attempts)
- External laryngeal manipulation
- Bougie
- Remove cricoid pressure
- Maintain oxygenation and anaesthesia

**Plan B: Maintaining oxygenation: SAD insertion**
- 2nd generation device recommended
- Change device or size (maximum 3 attempts)
- Oxygenate and ventilate

**Plan C: Facemask ventilation**
- If facemask ventilation impossible, paralyse
- Final attempt at facemask ventilation
- Use 2 person technique and adjuncts

**Plan D: Emergency front of neck access**
- Scalpel cricothyroidotomy

**If in difficulty** call for help

- Declare failed intubation
- Succeed
- Confirm tracheal intubation with capnography

- Declare failed SAD ventilation
- Succeed
- Options (consider risks and benefits):
  1. Wake the patient up
  2. Intubate trachea via the SAD
  3. Proceed without intubating the trachea
  4. Tracheostomy or cricothyroidotomy

- Declare CICO
- Succeed
- Wake the patient up

**STOP AND THINK**

**Post-operative care and follow up**
- Formulate immediate airway management plan
- Monitor for complications
- Complete airway alert form
- Explain to the patient in person and in writing
- Send written report to GP and local database

This flowchart forms part of the DAS Guidelines for unanticipated difficult intubation in adults 2015 and should be used in conjunction with the text.
Failed intubation, failed oxygenation in the paralysed, anaesthetised patient

CALL FOR HELP

Continue 100% O₂
Declare CICO

Plan D: Emergency front of neck access

Continue to give oxygen via upper airway
Ensure neuromuscular blockade
Position patient to extend neck

Scalpel cricothyroidotomy

Equipment:
1. Scalpel (number 10 blade)
2. Bougie
3. Tube (cuffed 6.0mm ID)

Laryngeal handshake to identify cricothyroid membrane

Palpable cricothyroid membrane
Transverse stab incision through cricothyroid membrane
Turn blade through 90° (sharp edge caudally)
Slide coude tip of bougie along blade into trachea
Railroad lubricated 6.0mm cuffed tracheal tube into trachea
Ventilate, inflate cuff and confirm position with capnography
Secure tube

Impalpable cricothyroid membrane
Make an 8-10cm vertical skin incision, caudad to cephalad
Use blunt dissection with fingers of both hands to separate tissues
Identify and stabilise the larynx
Proceed with technique for palpable cricothyroid membrane as above

Post-operative care and follow up
- Postpone surgery unless immediately life threatening
- Urgent surgical review of cricothyroidotomy site
- Document and follow up as in main flow chart

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