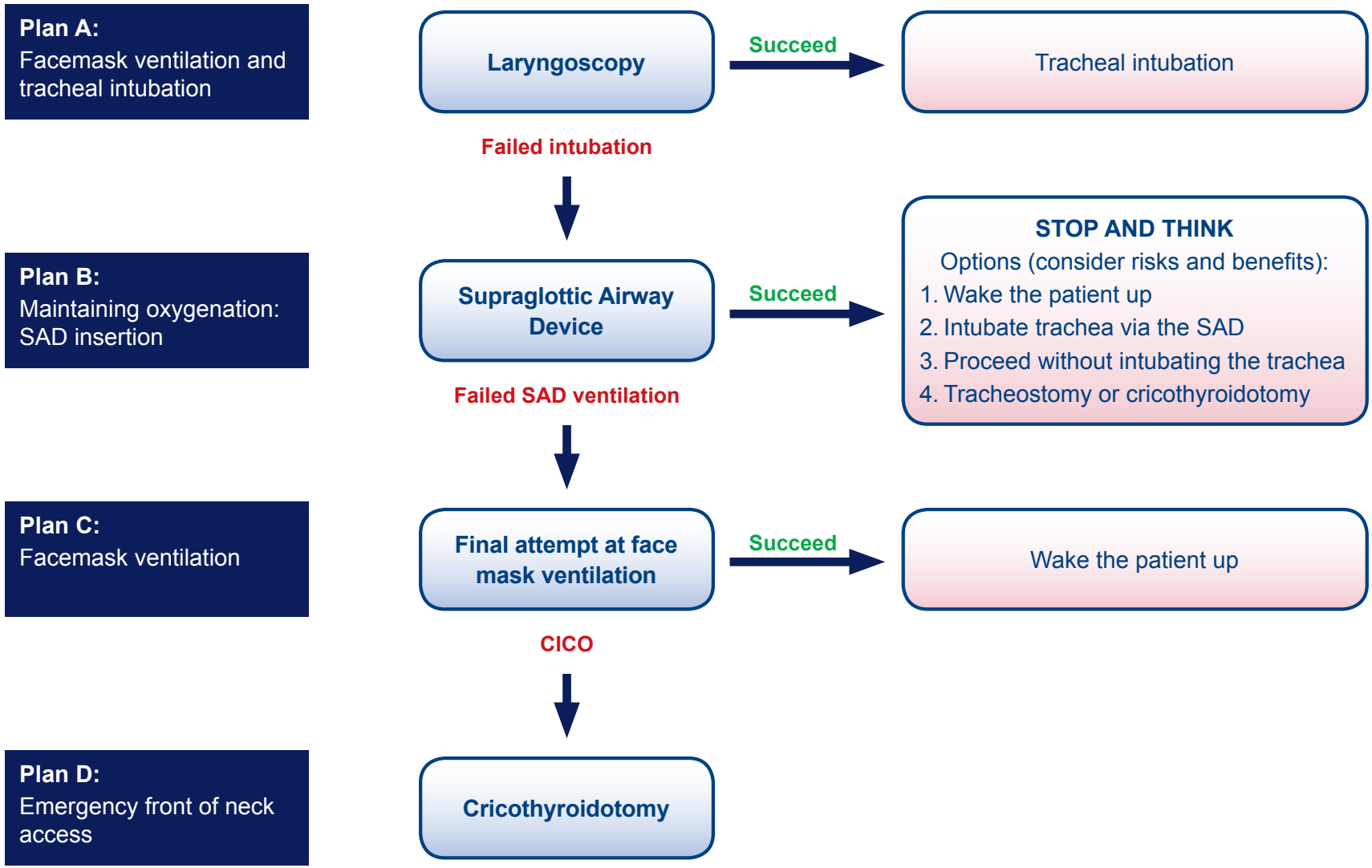
DAS Difficult intubation guidelines – overview

2015



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

2015

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

If in difficulty → call for help

Succeed → Confirm tracheal intubation with capnography

↓ Declare failed intubation

Plan B: Maintaining oxygenation: SAD insertion

- 2nd generation device recommended
- Change device or size (maximum 3 attempts)
- Oxygenate and ventilate

Succeed →

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

↓ Declare failed SAD ventilation

Plan C: Facemask ventilation

- If facemask ventilation impossible, paralyse
- Final attempt at facemask ventilation
- Use 2 person technique and adjuncts

Succeed → Wake the patient up

↓ Declare CICO

Plan D: Emergency front of neck access

- Scalpel cricothyroidotomy

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

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Failed intubation, failed oxygenation in the paralysed, anaesthetised patient

2015

CALL FOR HELP

Continue 100% O_2
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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