

## **Tutor Guide – DL (Direct Laryngoscopic) Intubation**

Thank you very much for helping with the airway mastery learning program. Attached is the pre-course material which trainees should read and complete before attending. It includes a checklist and you should use this when assessing them. It includes a pass mark, which should be regarded as formative rather than summative. Ideally the programme should be delivered as described here, but we recognise that not every department will be able to achieve this.

- Teaching takes up to 60 minutes depending on the trainee.
- There should ideally only be up to two trainees per tutor at a time.
- Ideally the trainee should also have had an opportunity to practice with the equipment on the manikin prior to the session.
- It is very important to create a safe space and non-threatening environment for the learner.

Stages of the process are:

1. Trainee reads pre-course material and watches video before attending.
2. Participant performs procedure on the manikin as a formative assessment.
3. Tutor gives feedback about any things they did poorly or could improve on.
4. Trainee repeats procedure until you are happy they do it properly (this may need more than one session).

Skills to assess as part of formative assessment (use checklist):

1. Understanding the indications for intubation.
2. Demonstrate an understanding of pre-operative airway assessment.
3. Conditions for intubation – demonstrate an understanding of equipment, monitoring, personnel and supervision needed for safe practice.
4. Effective intubation and confirmation of placement.

Equipment:

- a manikin/ airway head
- a range of DLs +/- Mac VL (all that are freely available in your place of work)
- ETTs
- Intubation aids – stylets + bougies

Things to stress are:

- Decision-making – SGA vs ETT; pros & cons.
- Preparation – equipment, staff (NB: This is not RSI training so no need to discuss drugs).
- Demonstration of effective positioning, device checking/ preparation (laryngoscopes + ETTs).
- Demonstration of effective direct laryngoscopic view of larynx – with DL and Mac VL.
- Demonstration of safe intubation.
- Demonstration of safe use of airway adjuncts.
- Confirmation of correct placement including use of capnography.

Trainees should repeat the procedure until you are happy that they are doing it properly (see checklist).

**Intubation Checklist**

Date:

Trainee Name:

Tutor:

Step	1 <sup>st</sup> attempt	2 <sup>nd</sup> attempt
<b>Pre-procedure</b>		
Assessment of patient and airway		
Ensures trained assistant & senior supervision		
Confirms airway plan with anaesthetic assistant		
Performs WHO sign in		
Full monitoring including ETCO <sub>2</sub>		
Ensures patent IV cannula		
Optimises patient position		
Pre-oxygenation until ETO <sub>2</sub> > 0.8		
<b>Procedure</b>		
Supports airway using simple manoeuvres		
Supports ventilation using bag mask ventilation		
Assesses adequacy of anaesthesia/relaxation		
Inserts laryngoscope correctly in to mouth and obtains view – vocalises view		
Inserts endotracheal tube to correct distance		
Uses additional manoeuvres or adjuncts, if required (e.g. external neck pressure; bougie)		
Anchors ETT to ensure it does not move		
Removes laryngoscope carefully from mouth		
Attaches ventilator tubing to ETT		
Confirms ventilation – chest rising, ETCO <sub>2</sub> , auscultates chest		
Secures ETT		
<b>Post-procedure</b>		
Documentation of airway management		
<b>Throughout</b>		
Appropriate communication with assistant & patient		
Aware of patient condition/vital signs		
Shows understanding of adequate anaesthetic/paralysis for intubation/maintenance		

Pass mark 21/23

<b>Comments</b>
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