

Management of Unanticipated Difficult Tracheal Intubation



DAS AirBite: Plan C - Final Attempt Facemask Ventilation (15-minute teaching session for all airway managers)

Background and content:

Activities:

- Review and discuss the Plan C algorithm
- Discuss optimisation strategies for facemask ventilation (FMV)
- Explore the role of the Airway Assistant during Plan C
- Discuss the STOP, THINK AND COMMUNICATE moment if successful facemask ventilation in Plan C

Equipment required:

- Facemask (optional)
- Manikin and AmbuBag (optional)



1. Plan C algorithm review 2. Optimis

What's new in Plan C in the 2025 algorithm?

- · Ensure help present or on the way
- · Role of the airway assistant
- · Priming by opening eFONA kit
- Once effective ventilation established (confirmed with sustained waveform capnography and oxygenation)
 - → STOP, THINK AND COMMUNICATE
- If failure
 declare CANNOT INTUBATE, CANNOT OXYGENATE and move to Plan D

3. Role of the Airway Assistant

What is the role of the Airway Assistant in Plan C?

Airway Assistant

- Assist facemask ventilation
- Ensure adjuncts in use
- Open eFONA kit

Why is this so important?

- Mitigates task fixation and cognitive overload prevent the airway manager from losing situational awareness or persisting with unsuccessful actions.
- Supports shared mental model and team coordination - ensuring smooth transitions along DAS algorithm with minimal delay or confusion.

Intended Learning Objectives:

Learners should be able to:

- 1. Describe and discuss the key steps of Plan C in the airway management algorithm.
- 2. Explain or demonstrate effective techniques for facemask ventilation, including two-person methods and use of adjuncts.
- 3. Discuss the role of the Airway Assistant during Plan C, including coordination of equipment, airway manoeuvres, and monitoring.
- Apply the 'STOP, THINK AND COMMUNICATE' principle to optimise decision-making and team coordination during airway management.

2. Optimisation strategies for facemask ventilation

How can the final attempt at facemask ventilation be optimised?

- Adequate neuromuscular blockade
- 2. Optimise patient position
- 3. Adjuncts (OPA and/or NPA)
- 4. Four handed (two-person) technique
- 5. Adequate depth of anaesthesia
- 6. Increased difficulty with FMV should be anticipated

Optional demonstration of facemask ventilation Learners to demonstrate two-person technique.

4. STOP, THINK and COMMUNICATE

What is the STOP, THINK AND COMMUNICATE moment?

Occurs once facemask ventilation is confirmed with waveform capnography:

STOP, THINK AND COMMUNICATE

Consider with senior input:

- Reversing neuromuscular blockade and waking patient up
- FONA (tracheostomy or cricothyroidotomy)

Use case examples to discuss situations that would lead to each decision

Follow up activities:

- Signpost learners to DAS website for full guideline, algorithms and educational videos
- 2. Consider reviewing other DAS educational materials including AirDrills for low fidelity simulation, and AirSim scenarios for high fidelity simulation.

Feedback here:

