

## DAS AirBite: Plan D – Emergency Front of Neck Airway (15-minute teaching session for all airway managers)

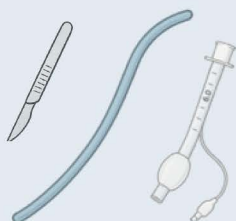
### Background and content:

#### Activities:

1. Review and discuss the Plan D algorithm
2. Perform Emergency Front of Neck Access (eFONA) on manikin
3. Discuss ongoing management after eFONA

#### Equipment required:

- eFONA manikin
- Scalpel (size 10), Bougie
- Endotracheal tube 6.0 mm
- 20ml syringe, AmbuBag



### Intended Learning Objectives:

#### Learners should be able to:

1. Describe and discuss the key steps of Plan D in the DAS algorithm
2. Demonstrate the technique(s) for eFONA
3. Describe the ongoing management of a patient after successful eFONA
4. Understand why the longitudinal incision approach is recommended as the default eFONA technique
5. Describe action steps if unsuccessful in eFONA attempt

### 1. Plan D algorithm review

#### What's new in Plan D in the 2025 algorithm?

- Optimising for Plan D: Ensure help present, maximal neck extension, full neuromuscular blockade, suction available
- Longitudinal incision advocated as the default eFONA technique – other approaches depend on manual /ultrasound assessment of the cricothyroid membrane
- Consideration for management of unsuccessful eFONA
- Recognition of psychological impact of eFONA

### 3. Post eFONA management

#### What ongoing management is required after eFONA?

1. Stabilisation of patient
2. Exclude bronchial intubation and pneumothorax
3. Review by a suitable surgeon to determine the most appropriate next steps for airway management
4. Significant psychological impact on those involved in eFONA → debriefing and signposting those involved to support services

### 2. eFONA skill workshop – 'Vertical incision'

1. **Faculty demonstration** of eFONA technique on manikin.
2. **Learners** to then perform eFONA on manikin.

#### Further discussion points:

##### Why longitudinal incision as default?

- Choice in an emergency hinders performance
- Ease of CTM identification

##### Action steps if unsuccessful eFONA?

- Extend longitudinal incision
- Continue blunt dissection to CTM
- Change operator or patient position
- Change operator
- Use smaller ETT



1 Identify laryngeal anatomy in maximum neck extension and locate the midline with non-dominant hand



2 Tension the skin and stabilise larynx with non-dominant hand. Make a midline vertical incision bottom to top with the scalpel in dominant hand.



3 Use blunt dissection, identify and stabilise the larynx. Identify the cricothyroid membrane with the index finger of non-dominant hand.



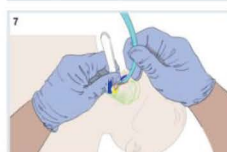
4 Make a transverse stab incision through the cricothyroid membrane with the cutting edge of the blade facing towards you.



5 Keep the scalpel perpendicular to the skin and turn it through 90° so the sharp edge points caudally (towards the feet).



6 Swap hands; hold the scalpel with the non-dominant hand.



7 Maintain gentle traction, pulling the scalpel towards you, and keeping the handle vertical to the skin. Slide the bougie alongside the medial aspect of the blade on into the trachea 10–15 cm.



8 Remove the scalpel, stabilise the trachea, tension the skin and hold the bougie with non-dominant hand.



9 Railroad a size 6.0 mm cuffed tracheal tube over the bougie. Rotate the tube as it is advanced.

### Follow up activities:

1. 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:

