DAS AirDrills: Unanticipated Difficult Airway

Based on DAS 2025 Guidelines – Unanticipated Difficult Tracheal Intubation (Plans A–D)

Format: Pause–>Play–>Rewind (low-fidelity / tea trolley drill)

Audience: Anaesthetists (all grades), Anaesthetic assistants, ODPs, scrub/recovery staff, theatre coordinators

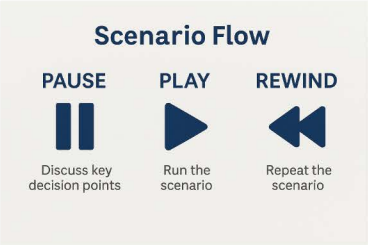
Facilitators: 1–2 (Anaesthetic educator / Airway lead)

1. OVERVIEW

Scenario: A routine anaesthetic induction for an ASA 2 case develops into an unanticipated failed intubation. The focus is on decision-making, declaration, communication, and transition through the DAS 2025 algorithm.

Equipment required:

- Airway trolley labelled with Plans A–D
- Videolaryngoscope – range of blades and introducers
- 2nd generation Supraglottic Airway Devices
- Facemask and OPA/NPA
- Scalpel–bougie–tube kit
- Capnography display (paper or virtual)



2. SESSION STRUCTURE

Each section corresponds to a Plan (A–D) in the DAS 2025 algorithm. Use pauses for reflection and ensure participants verbalise key standardised phrases. Facilitators are there to provide clinical cues, prevent things going off track, and allow for local discussion of context/equipment/availability of support that is relevant to this team. Some of these discussions may lead to changes in process, equipment and locations in your department. Please see accompanying ‘Facilitators guide to DAS AirDrills’ for further information.

3. BRIEF

- “You are anaesthetising an ASA 2 patient for a laparoscopic cholecystectomy/ appendix/suspected ectopic/testicular torsion [select appropriate for department]
- It is 7pm and the Consultant Anaesthetist on call is at home [can change time and availability depending on team and contexts that would be most useful]
- Checklists are completed, and you are just about to start induction….”

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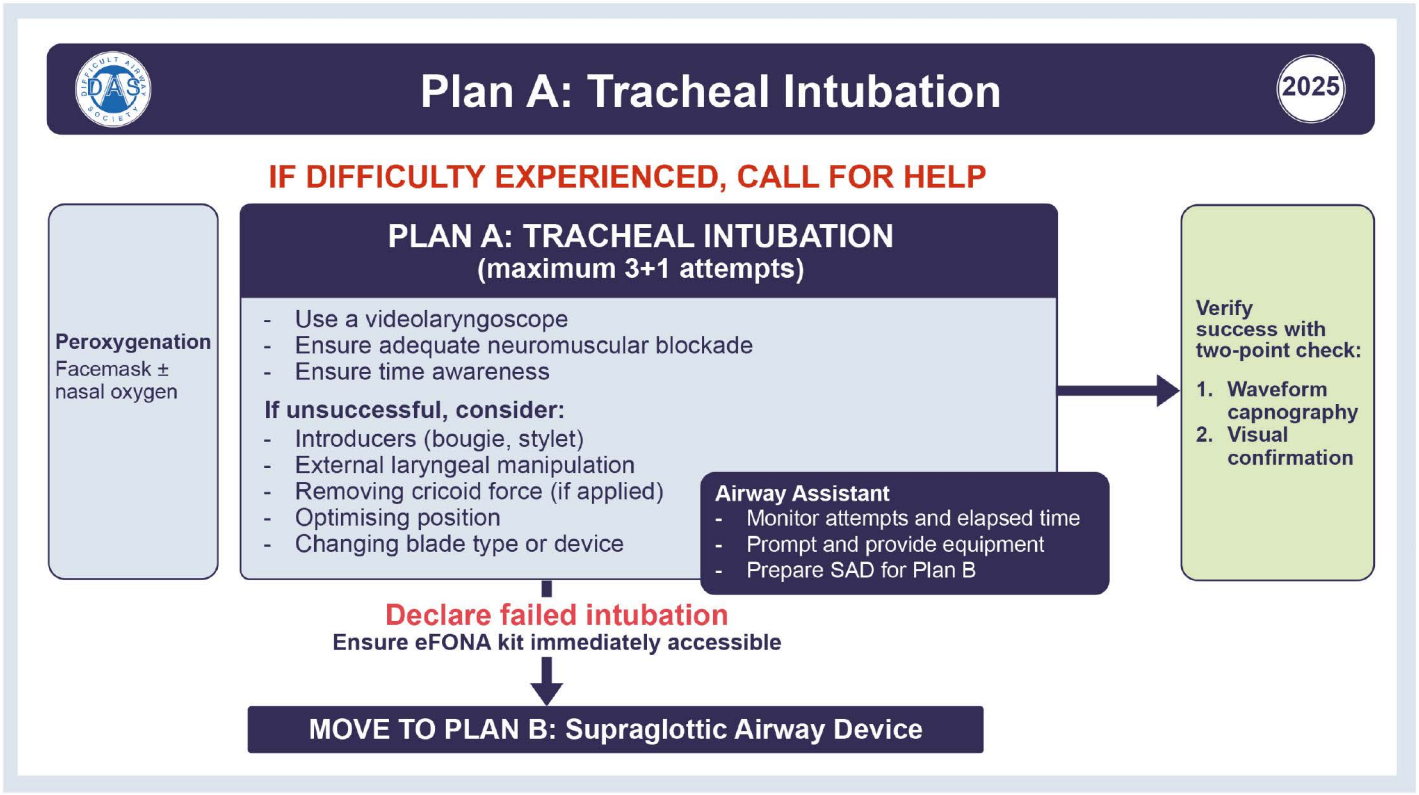
PLAN A – Tracheal Intubation

Scenario Flow
PAUSE — Discuss key decision points
PLAY — Run the scenario
REWIND — Repeat the scenario



Scenario flow:

→ Attempts at Videolaryngoscopy confirm a poor glottic view (Grade 3-4).
→ VL attempts fail (max 3+1).

Facilitator prompts:

→ Allow team to optimise (head-up position, external laryngeal manipulation, introducer use).
→ State that the learner is unable to intubate at each attempt.
→ After each attempt, prompt optimisation +/or transition.
→ Oxygenation maintained if peroxygenation is achieved between attempts.

Discussion points:

PAUSE

- **Declaration:** "Failed intubation declared. Moving to Plan B."
- **Help-seeking:** Early escalation - who would make this call, and how would you do it in this situation/context?
- **Technical reminders:** Max 3 + 1 attempts with optimization + peroxygenation; confirm capnography after each attempt, timely transitioning to next step, priming in parallel for eFONA.
- **Role of Anaesthetic Assistant:** Prompting, monitoring, priming.
- **Team challenge:** *What would the team say if the anaesthetist wanted to continue with multiple attempts?*

Moving on:

PLAY REWIND

Options to replay scenario or to continue to Plan B
"OK, so let's restart the scenario from the point where we have declared failed intubation and we are moving to plan B…"

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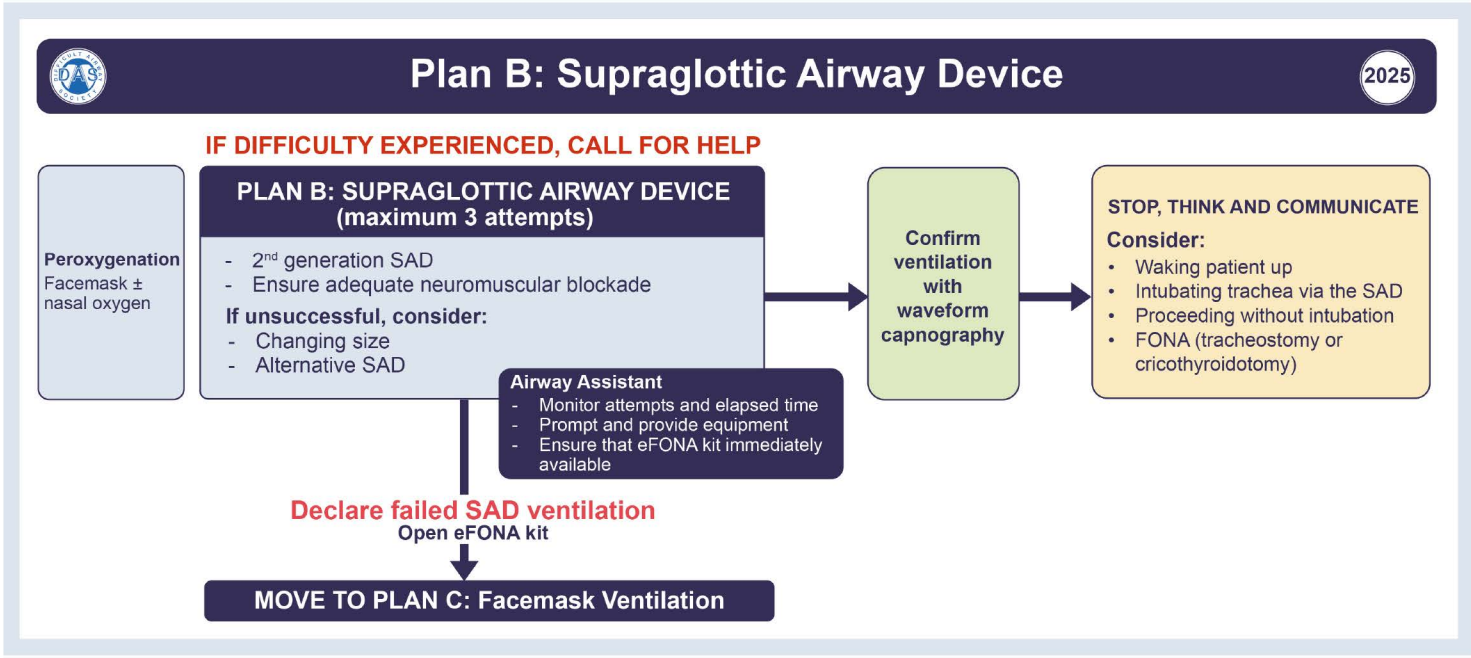
PLAN B - Supraglottic Airway Device (SAD)



Scenario flow:

→ 2nd generation SAD insertion after failed intubation.
→ First attempt fails; second succeeds with sustained $EtCO_2$ trace.

Facilitator prompts:

→ Pause once effective oxygenation/ sustained ETCO2 achieved.
→ Allow team to **STOP, THINK AND COMMUNICATE** options.

Discussion points:

- **Declaration:** 'We have Oxygenation and sustained ETCO2 achieved via SAD'
- **Decision-making:** Wake the patient, proceed with surgery (if essential), intubate via SAD, or obtain front of neck access.
- **Help and escalation:** Involve senior anaesthetist, surgeon, and theatre coordinator early.
- **Team communication:**
  - "We have a functioning SAD, oxygenation stable, default plan is to wake the patient…."
  - If senior anaesthetist arrives now, what would be the ideal handover? *"This is a can't intubate can oxygenate situation in a paralysed patient, we have attempted…)*
  - Learner should display use of clear, standardised language.

Moving on:

Options to replay scenario or to continue to Plan C
"OK, so let's restart the scenario from the point of trying the second SAD, and this time it's not going to work, and we will look at how you progress to plan C"

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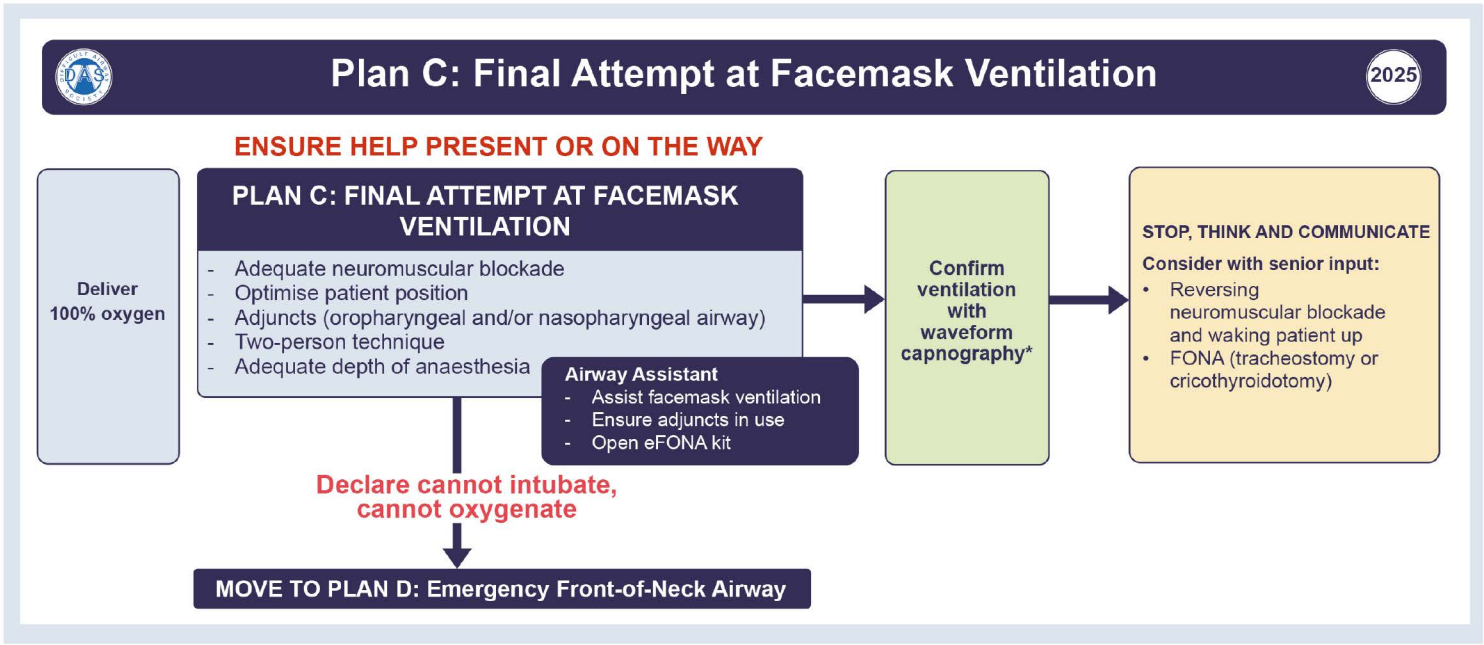
PLAN C – Facemask Ventilation



Scenario flow:

→ 3 (+1) attempts at SAD insertion fail
→ Team attempts mask ventilation, further desaturation.

Facilitator prompts:

→ Optimise (two-person technique, airway adjuncts, full paralysis).
→ Ensure patient is asleep and paralysed.
→ There is no EtCO2, help arrives….

Discussion points:

PAUSE

- **Declaration:** "Failed SAD Ventilation" then "Can't intubate, Can't oxygenate"
- **Role allocation:** Evidence of clear leadership and active followship i.e., Anaesthetist directs; ODP opens eFONA kit; Theatre coordinator calls ENT support, if available.
- **Preparation for eFONA:** Priming by opening of eFONA kit after failed SAD ventilation, verbally confirm cricothyroid technique, confirm paralysed, position patient, transitioning with anticipation of immediate progression to eFONA.
- **Team communication:** Closed-loop confirmations: *"ENT called - on their way"; "eFONA kit open and ready."*

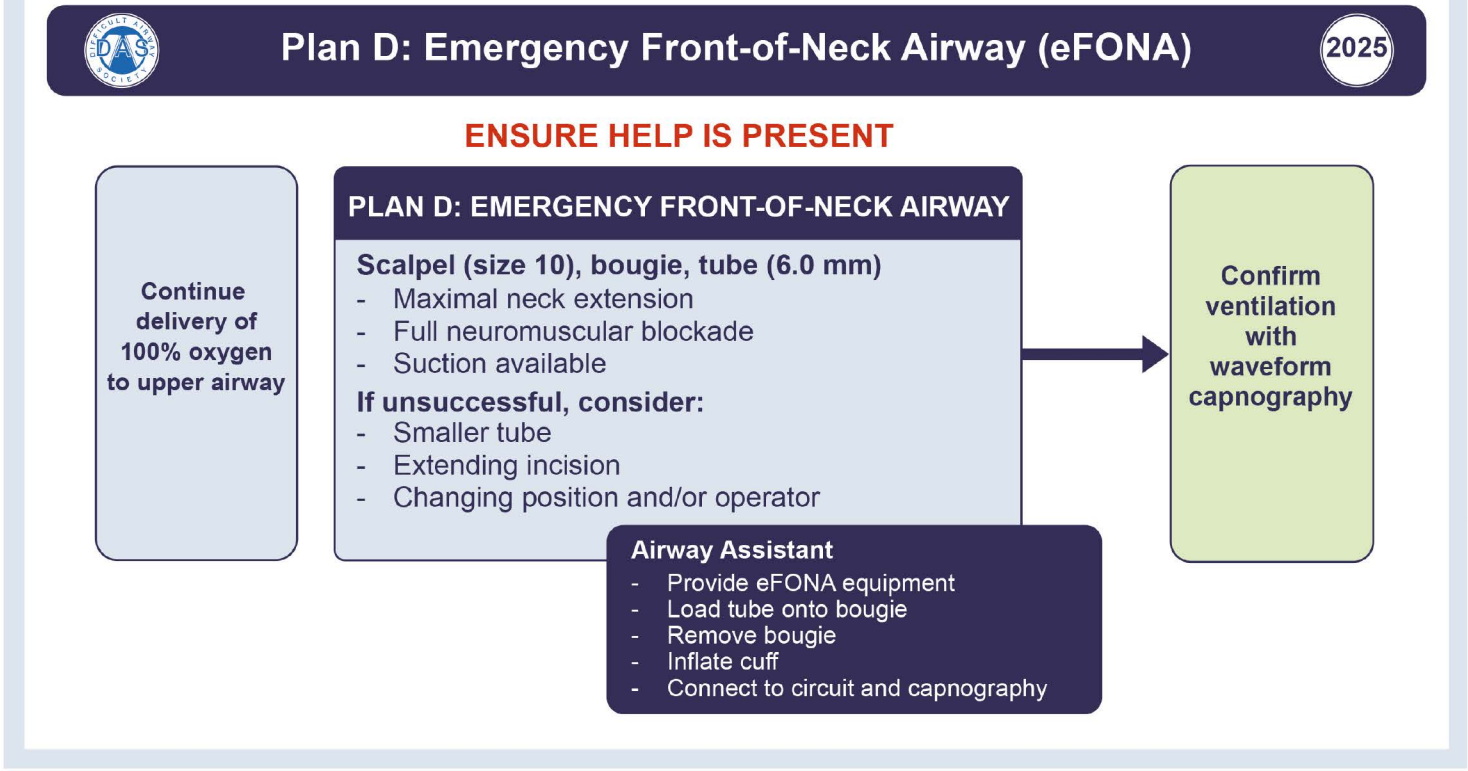
Moving on:

PLAY REWIND

Options to replay scenario or to continue to Plan D
"Ok, so let's restart the scenario from the point of declaration and look at the allocation of tasks, positioning patient and performing eFONA"

DAS AirDrills: Unanticipated Difficult Airway
PLAN D – Emergency Front-of-Neck Airway (eFONA)

Scenario Flow
PAUSE — Discuss key decision points
PLAY — Run the scenario
REWIND — Repeat the scenario



Scenario flow:

→ CICO declared; no effective oxygenation, perform eFONA

Facilitator prompts:

→ Discuss eFONA steps/method - either transverse stab or vertical incision.
→ Reinforce leadership, role clarity, and calm communication.

Discussion points:

PAUSE

- **Declaration:** "Emergency front-of-neck airway required. Vertical Incision technique."
- **Role assignment:** Leader allocates tasks: "XXX attempt to maintain oxygen, XXX perform the incision, XXX assists with kit"
- **Communication:** Concise handover when help arrives: *"CICO declared, eFONA performed, 6.0 tube in situ, capnography confirmed."*
- **Discussion points:**
  - Who should do the eFONA? (likely to be anesthetist not surgeon).
  - What if a senior anaesthetist arrives at this time?
  - What eFONA technique should be performed, if not previously confirmed?

Moving on:

PLAY REWIND

"What would be your next steps in this situation"

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4. DEBRIEF THEMES

- Language consistency - Use standardised phrases such as *"Failed intubation"* and *"Can't intubate, Can't oxygenate".*
- Help-seeking - Early escalation and clarity regarding in-hours vs out-of-hours pathways.
- Team communication - Closed-loop communication, graded assertiveness, clear leadership and active followership.
- Non technical skills - Avoid task fixation; ensure timely transitioning between plans; display early priming for eFONA early, maintain situation awareness
- Effective leadership - Demonstration of 'hands-off' leadership, if numbers allow; use of cognitive aids; short pauses to share mental model and confirm location on the algorithm
- Airway planning and strategy (Plan A) - Including confirmation of eFONA technique based on airway assessment.
- Local departmental feedback - Where is the equipment found, does everyone know this, and could locations etc be improved?
- Emotional impact — Encourage supportive debrief and psychological safety.

5. OTHER RESOURCES

DAS AirDrills Facilitator User Guide
DAS AirClips: Priming educational videos
DAS AirBites: Technical skill stations
Supplementary file "Human Factors considerations in Plans A-D', DAS guideline 2025"

6. FEEDBACK

To help us further improve the education resources, please complete user and learner feedback .