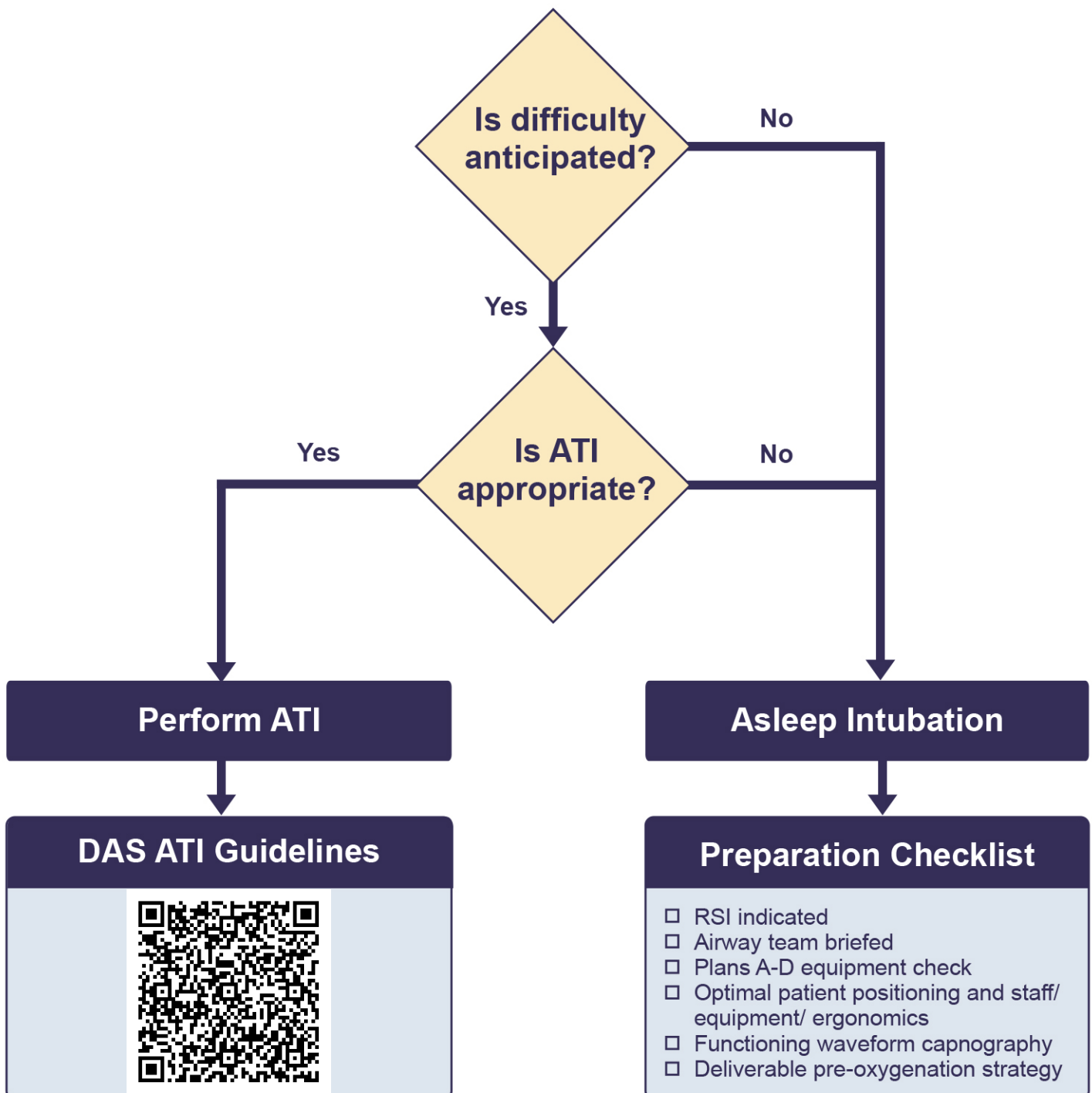


AIRWAY ASSESSMENT

- Airway history and bedside assessment (including cricothyroid membrane)
- Assess and manage pulmonary aspiration risk
- Assess for physiological difficulty
- Review available imaging
- Consider awake airway visualisation (nasendoscopy or videolaryngoscopy)



IF DIFFICULTY EXPERIENCED, CALL FOR HELP

SUCCESS

O
X
Y
G
E
N
A
T
E

PLAN A

Tracheal Intubation
(maximum 3+1 attempts)

Declare failed intubation

Ensure eFONA kit immediately accessible

PLAN B

Supraglottic Airway Device
(maximum 3 attempts)

Declare failed SAD ventilation

Open eFONA kit

PLAN C

Final Attempt at Facemask Ventilation

**Declare cannot intubate,
cannot oxygenate**

PLAN D

Emergency Front-of-Neck Airway

Confirm ventilation with waveform capnography

STOP, THINK AND COMMUNICATE
Consider:

- Wake the patient up
- Intubate the trachea via the SAD
- Proceed without intubating
- FONA (tracheostomy or cricothyroidotomy)

STOP, THINK AND COMMUNICATE
Consider with senior input:

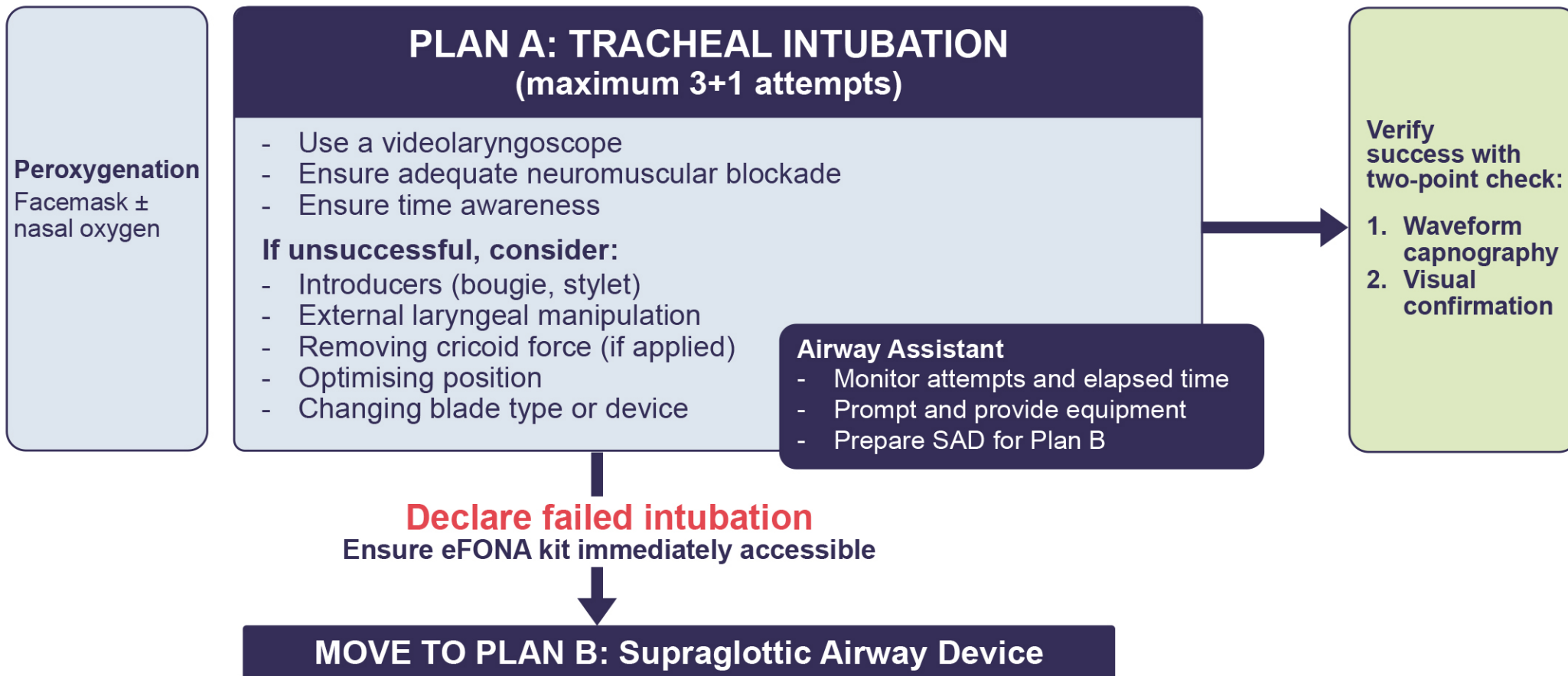
- Reversing neuromuscular blockade and waking patient up
- FONA (tracheostomy or cricothyroidotomy)



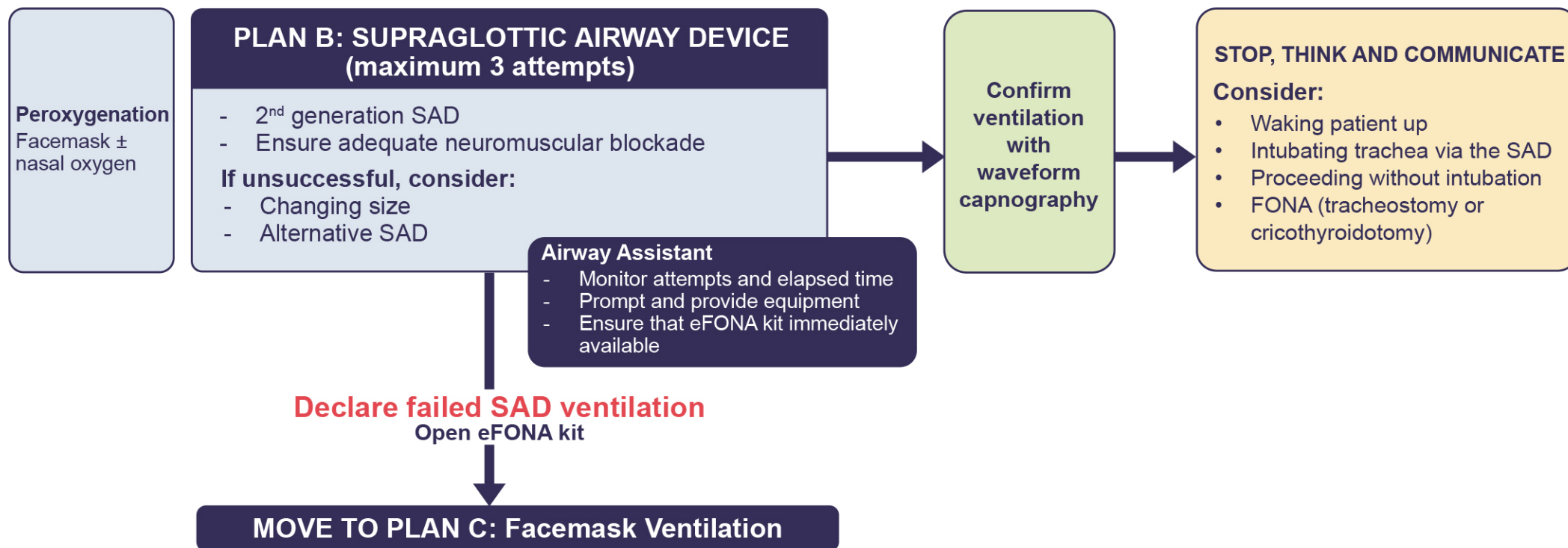
Plan A: Tracheal Intubation

2025

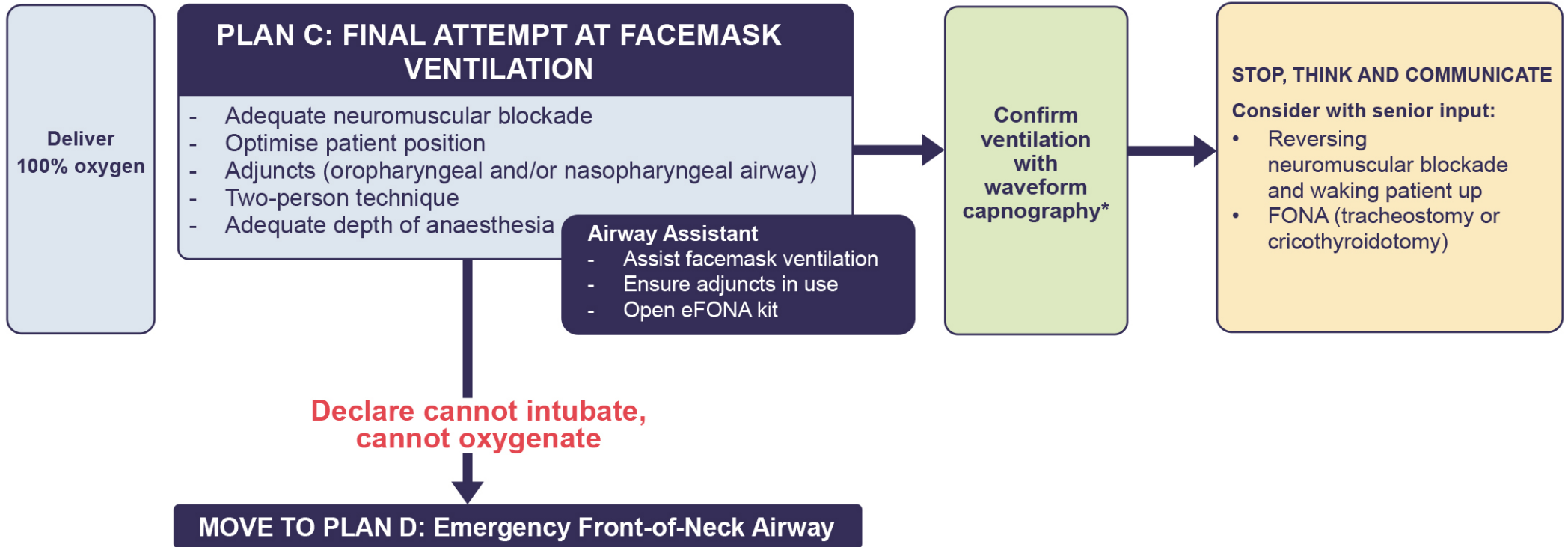
IF DIFFICULTY EXPERIENCED, CALL FOR HELP



IF DIFFICULTY EXPERIENCED, CALL FOR HELP



ENSURE HELP PRESENT OR ON THE WAY





Plan D: Emergency Front-of-Neck Airway (eFONA)

2025

ENSURE HELP IS PRESENT

Continue
delivery of
100% oxygen
to upper airway

PLAN D: EMERGENCY FRONT-OF-NECK AIRWAY

Scalpel (size 10), bougie, tube (6.0 mm)

- Maximal neck extension
- Full neuromuscular blockade
- Suction available

If unsuccessful, consider:

- Smaller tube
- Extending incision
- Changing position and/or operator

Airway Assistant

- Provide eFONA equipment
- Load tube onto bougie
- Remove bougie
- Inflate cuff
- Connect to circuit and capnography

Confirm
ventilation
with
waveform
capnography