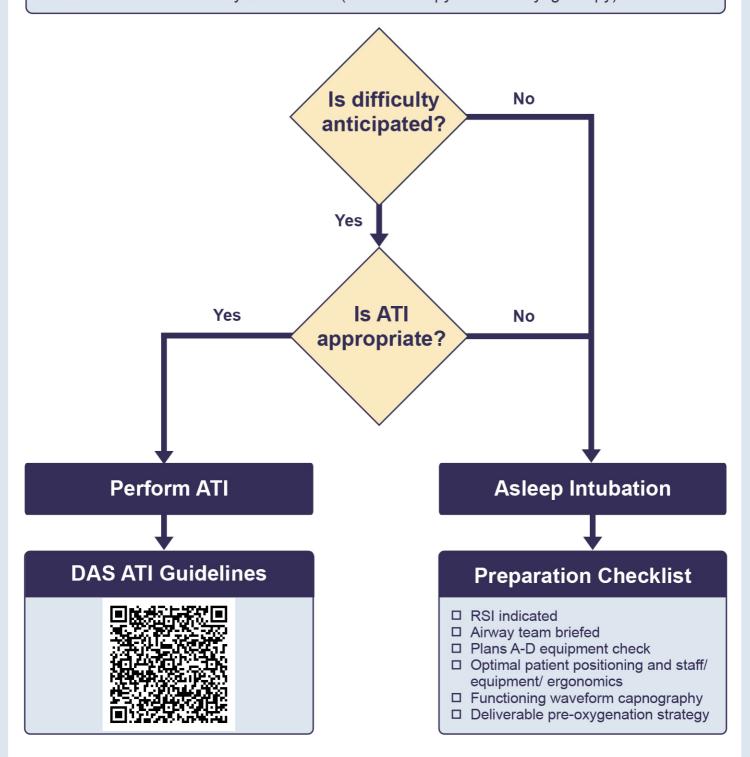
AIRWAY ASSESSMENT

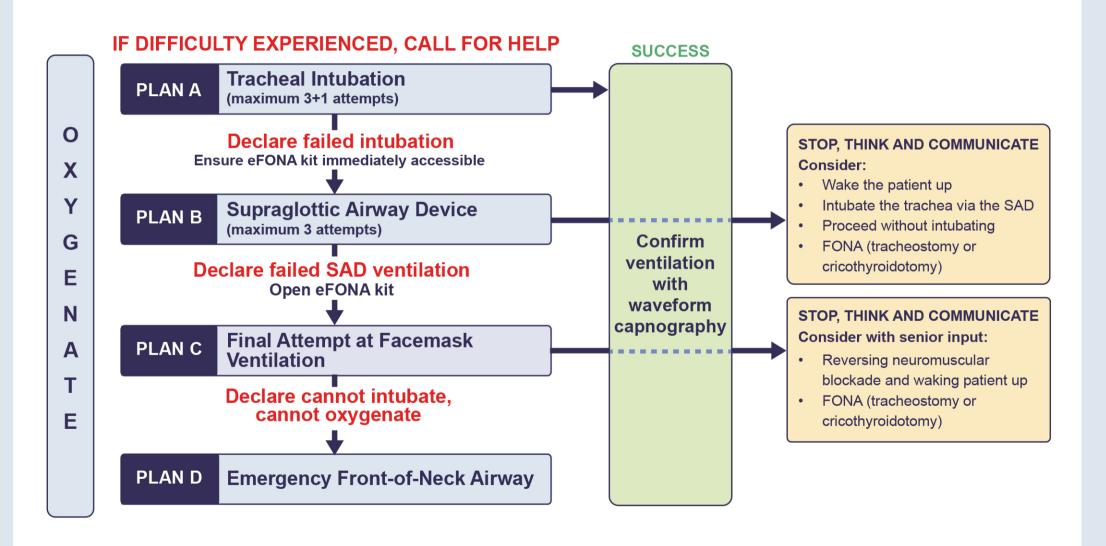
- Airway history and bedside assessment (including cricothyroid membrane)
- Assess and manage pulmonary aspiration risk
- Assess for physiological difficulty
- Review available imaging
- Consider awake airway visualisation (nasendoscopy or videolaryngoscopy)





Management of Unanticipated Difficult Tracheal Intubation







Plan A: Tracheal Intubation



IF DIFFICULTY EXPERIENCED, CALL FOR HELP

Peroxygenation

Facemask ± nasal oxygen

PLAN A: TRACHEAL INTUBATION (maximum 3+1 attempts)

- Use a videolaryngoscope
- Ensure adequate neuromuscular blockade
- Ensure time awareness

If unsuccessful, consider:

- Introducers (bougie, stylet)
- External laryngeal manipulation
- Removing cricoid force (if applied)
- Optimising position
- Changing blade type or device

Airway Assistant

- Monitor attempts and elapsed time
- Prompt and provide equipment
- Prepare SAD for Plan B

Verify success with two-point check:

- 1. Waveform capnography
- 2. Visual confirmation

Declare failed intubation

Ensure eFONA kit immediately accessible

MOVE TO PLAN B: Supraglottic Airway Device



Peroxygenation

Facemask +

nasal oxygen

Plan B: Supraglottic Airway Device



IF DIFFICULTY EXPERIENCED, CALL FOR HELP PLAN B: SUPRAGLOTTIC AIRWAY DEVICE STOP, THINK AND COMMUNICATE (maximum 3 attempts) Confirm Consider: 2nd generation SAD ventilation Waking patient up Ensure adequate neuromuscular blockade with Intubating trachea via the SAD waveform If unsuccessful, consider: Proceeding without intubation capnography FONA (tracheostomy or Changing size cricothyroidotomy) Alternative SAD **Airway Assistant**

Monitor attempts and elapsed time Prompt and provide equipment Ensure that eFONA kit immediately

Declare failed SAD ventilation
Open eFONA kit

available

MOVE TO PLAN C: Facemask Ventilation

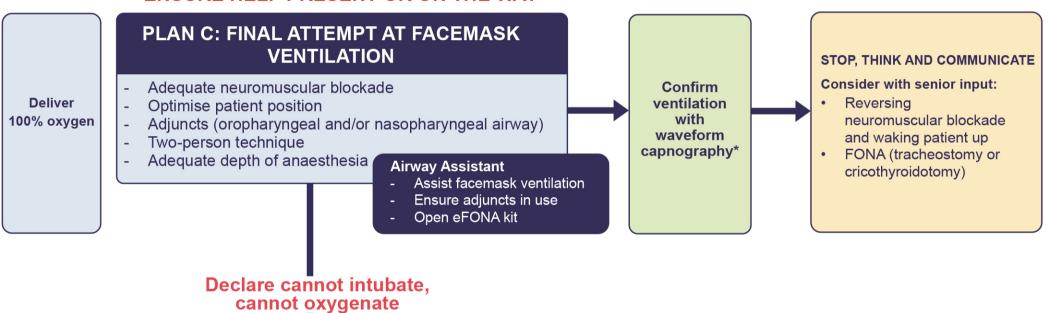


Plan C: Final Attempt at Facemask Ventilation



ENSURE HELP PRESENT OR ON THE WAY

MOVE TO PLAN D: Emergency Front-of-Neck Airway





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



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