DAS trolley NHSL - Adult unexpected difficult intubation strategy

NHS Lanarkshire

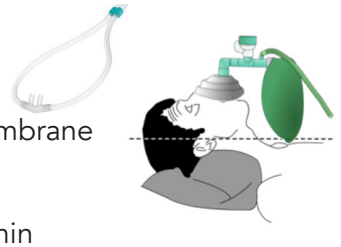
Plan A
Intubation

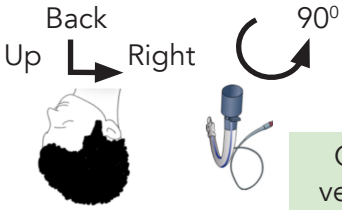
Max 3 attempts
+ 1 expert

Video/laryngoscope +/- bougie/Stylet | External laryngeal manipulation relax/remove cricoid | hold up: rotate endotracheal tube (ETT)

Pre-induction

Checklist
Optimise position
Identify cricothyroid membrane
Preoxygenate
Strongly consider use of nasal cannula 5-15L/min
Consider Optiflow with switch
End-tidal $C0_2$
Consider cricoid
Adequate neuromuscular blockade (NMB)





If unsuccessful declare **'failed intubation'** and make emergency front of neck access (eFONA) kit immediately accessible

Confirm ventilation with 2 person capnography check

Plan B
Oxygenation/Ventilation

Max 3 attempts

If plan B is successful
Stop and think

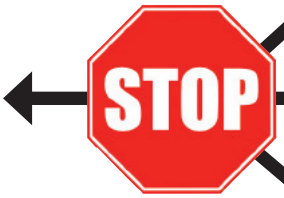
2nd generation supraglottic airway device (SAD)

RSI

Remove cricoid to insert SAD

'Call for help'

Wake patient up



Fibreoptic +/- Aintree & ETT 7.0

Keep SAD
Easy ventilation
low aspiration risk

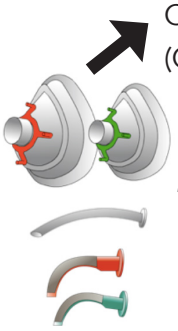
Tracheostomy/ Cricothyroidotomy

If any difficulty declare 'failed SAD' and open eFONA kit

Confirm ventilation with 2 person capnography check

Plan C
Facemask ventilation

2 person technique
Postpone surgery



Can ventilate → Reverse NMB → Wake patient up

(Consider Sugammadex

rapid reversal of Rocuronium & Vecuronium)

Can't ventilate → Ensure adequate muscular paralysis

Successful: MDT Discussion → Wake up / Plan D

Unsuccessful: Plan D

Declare 'can't intubate can't oxygenate'

Confirm ventilation with 2 person capnography check

Plan D
Stab, twist, bougie, tube

Scalpel size 10 blade, rotate, bougie, size 6.0 ETT
Peroxygenate

7) ETT 6.0

1) Laryngeal handshake

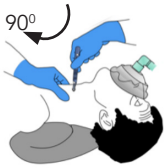
2) **Vertical incision** 8-10cm

3) Blunt finger dissection

4) Transverse stab incision

Ultrasound guided not suitable for emergency

5) Rotate 90⁰



6) Coude tip vertically down blade

Confirm ventilation with 2 person capnography check

(green box) MPR.TROLLY.24_31499.L

Images courtesy - ® Chris Thompson, Bristol

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