

DAS Difficult intubation guidelines – overview

Plan A:
Facemask ventilation and
tracheal intubation

Laryngoscopy

Succeed →

Tracheal intubation

Failed intubation



Plan B:
Maintaining oxygenation:
SAD insertion

Supraglottic Airway
Device

Succeed →

STOP AND THINK
Options (consider risks and benefits):
1. Wake the patient up
2. Intubate trachea via the SAD
3. Proceed without intubating the trachea
4. Tracheostomy or cricothyroidotomy

Failed SAD ventilation



Plan C:
Facemask ventilation

Final attempt at face
mask ventilation

Succeed →

Wake the patient up

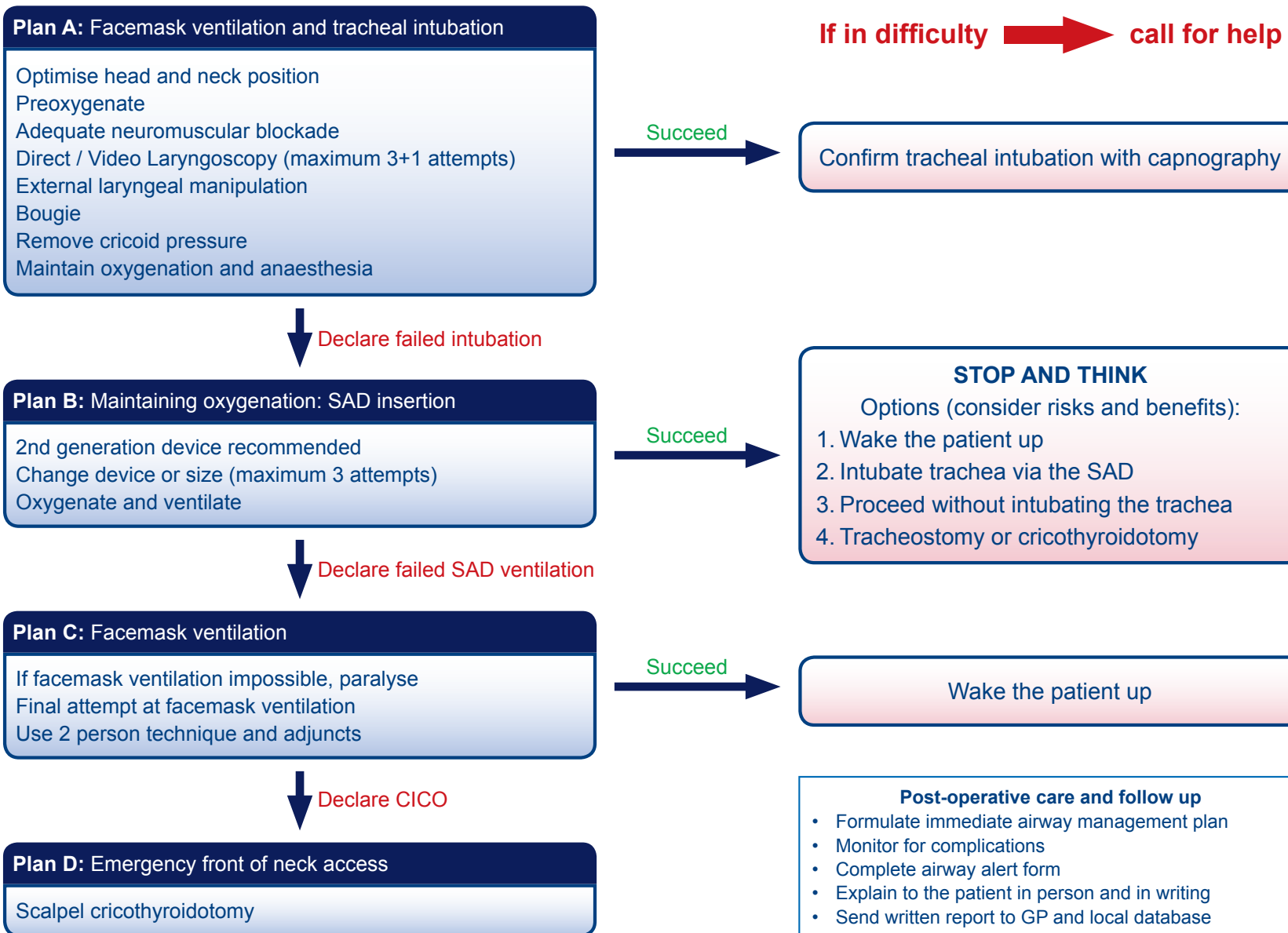
CICO



Plan D:
Emergency front of neck
access

Cricothyroidotomy

Management of unanticipated difficult tracheal intubation in adults



Failed intubation, failed oxygenation in the paralysed, anaesthetised patient

CALL FOR HELP



Continue 100% O₂
Declare CICO

Plan D: Emergency front of neck access

Continue to give oxygen via upper airway
Ensure neuromuscular blockade
Position patient to extend neck

Scalpel cricothyroidotomy

Equipment: 1. Scalpel (number 10 blade)
2. Bougie
3. Tube (cuffed 6.0mm ID)

Laryngeal handshake to identify cricothyroid membrane

Palpable cricothyroid membrane

Transverse stab incision through cricothyroid membrane
Turn blade through 90° (sharp edge caudally)
Slide coude tip of bougie along blade into trachea
Railroad lubricated 6.0mm cuffed tracheal tube into trachea
Ventilate, inflate cuff and confirm position with capnography
Secure tube

Impalpable cricothyroid membrane

Make an 8-10cm vertical skin incision, caudad to cephalad
Use blunt dissection with fingers of both hands to separate tissues
Identify and stabilise the larynx
Proceed with technique for palpable cricothyroid membrane as above

Post-operative care and follow up

- Postpone surgery unless immediately life threatening
- Urgent surgical review of cricothyroidotomy site
- Document and follow up as in main flow chart