AIDAA 2016 Guidelines for the Management of Unanticipated Difficult Tracheal Intubation in Adults

STEP 1: Laryngoscopy and tracheal intubation
Unable to intubate during first attempt at direct/video laryngoscopy
- Continue nasal oxygen using \( \text{O}_2 \) flow at 15 L/min
- Maximum two more attempts (repeat attempts only if \( \text{SpO}_2 \geq 95\% \))
- Mask ventilation between attempts
- Optimise position, use external laryngeal manipulation, release cricoid pressure, use bougie / stylet if required
- Consider changing device / technique / operator between attempts
- Maintain depth of anaesthesia

Failed Intubation

STEP 2: Insert SAD to maintain oxygenation
- Continue nasal oxygen using \( \text{O}_2 \) flow at 15 L/min
- Preferably use second generation SAD
- Maximum two attempts (only if \( \text{SpO}_2 \geq 95\% \))
- Mask ventilation between attempts
- Consider changing size or type of SAD
- Maintain depth of anaesthesia

Failed Ventilation through SAD

STEP 3: Rescue face mask ventilation
- Continue nasal oxygen using \( \text{O}_2 \) flow at 15 L/min
- Ensure neuromuscular blockade
- Final attempt at face mask ventilation using optimal technique and adjuncts

Complete Ventilation Failure

CALL FOR ADDITIONAL HELP

STEP 4: Emergency cricothyroidotomy
- Continue nasal oxygen using \( \text{O}_2 \) flow at 15 L/min and efforts at rescue face mask ventilation
- Perform one of the following techniques
  - Surgical cricothyroidotomy
  - Wide bore cannula cricothyroidotomy
  - Needle cricothyroidotomy (use pressure regulated jet ventilation and attempt to keep the upper airway patent)

This flow chart should be used in conjunction with the text
FOB = Fibreoptic bronchoscope
\( \text{O}_2 = \text{Oxygen} \)
SAD = Supraglottic airway device
\( \text{SpO}_2 = \text{Oxygen saturation} \)

CONFIRM TRACHEAL INTUBATION USING CAPNOGRAPHY

Consider one of the following options:
1. Wake up the patient
2. Continue anaesthesia using SAD if considered safe
3. Intubate through the SAD using a FOB only, provided expertise is available
4. Tracheostomy

Wake up the patient

Post-procedure plan
1. Further airway management plan
2. Treat airway oedema if suspected
3. Monitor for complications
4. Counseling and documentation