Unable to intubate at first attempt with direct/video laryngoscopy during modified rapid sequence induction

- Continue nasal oxygen using \( O_2 \) flow at 15 L/min
- One more attempt at intubation (only if \( \text{SpO}_2 \geq 95\% \))
- Mask ventilation between attempts using gentle IPPV with APL valve closed to \( \leq 20 \text{ cm H}_2\text{O} \)
- Partial/complete release of cricoid pressure if mask ventilation is inadequate
- Optimise position, partial/complete release of cricoid pressure, external laryngeal manipulation to optimise view and use bougie/styllet if required
- Consider changing device/technique/operator between attempts
- Maintain depth of anaesthesia

**STEP 1: Laryngoscopy and tracheal intubation**

Confirm tracheal intubation using capnography

Consider one of the following options:
1. Continue anaesthesia using SAD if considered essential
2. Intubate through the SAD if maternal safety dictates need using a FOB only, provided expertise is available
3. Consider awakening the mother if foetal and maternal conditions are stable

**STEP 2: Insert SAD to maintain oxygenation**

- Continue nasal oxygen using \( O_2 \) flow at 15 L/min
- Preferably use second generation SAD
- Remove cricoid pressure during insertion
- Maximum two attempts (only if \( \text{SpO}_2 \geq 95\% \))
- Consider changing size or type of SAD
- Maintain depth of anaesthesia

Consider one of the following options:
1. Continue anaesthesia if surgery is considered essential
2. Consider awakening the mother if foetal and maternal conditions are stable

**STEP 3: Rescue face mask ventilation**

- Continue nasal oxygen using \( O_2 \), flow at 15 L/min
- Ensure neuromuscular blockade
- Final attempt at face mask ventilation using optimal technique and adjuncts

Consider one of the following options:
1. Continue anaesthesia if surgery is considered essential
2. Consider awakening the mother if foetal and maternal conditions are stable

**STEP 4: Emergency cricothyroidotomy**

- Continue nasal oxygen using \( O_2 \), 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)

Post-procedure plan
1. Further airway management plan
2. Treat airway oedema if suspected
3. Monitor for complications
4. If mother has been awakened, proceed under central neuraxial block or general anaesthesia following awake fibreoptic intubation
5. Counselling and documentation

**Perimortem caesarean delivery**

If situation deteriorates into maternal cardiac arrest, perform perimortem caesarean delivery within 4 minutes of cardiac arrest.