

STEP 1: Laryngoscopy and tracheal intubation

Unable to intubate during first attempt at direct / videolaryngoscopy

- Continue nasal oxygen using O₂ flow at 5 L/min
- Maximum two more attempts preferably with a videolaryngoscope repeat attempts only if SpO₂ ≥ 95%
- Gentle mask ventilation between attempts (if SpO₂ ≤ 95%) with two-person technique and optimal mask fit *
- 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 and optimal neuromuscular blockade

Succeed

Confirm tracheal intubation using capnography

Failed Intubation
 ↓
If necessary, resume Gentle Mask Ventilation*
 (with optimal mask fit)
 with 100% O₂

STEP 2: Insert SAD to maintain oxygenation

- Continue nasal oxygen using O₂ flow at 5 L/min
- Use second generation SAD
- Maximum two attempts (only if SpO₂ ≥ 95%)
- Gentle mask ventilation between attempts (if SpO₂ ≤ 95%) with two-hand two-person technique and optimal mask fit*
- Consider changing size or type of SAD
- Maintain depth of anaesthesia and optimal neuromuscular blockade

Succeed

Consider one of the following options :

1. Preferably wake up the patient
2. Continue anaesthesia using the SAD only if considered safe for the patient, keeping in mind the risk of aerosolisation
3. Tracheostomy and tracheal intubation through SAD are not preferred

Failed Ventilation through SAD
 ↓

STEP 3: Rescue face mask ventilation

- Continue nasal oxygen using O₂ flow at 5 L/min
- Ensure neuromuscular blockade
- Final attempt at gentle mask ventilation* using optimal technique

Succeed

Wake up the patient

Complete Ventilation Failure
 ↓
CALL FOR ADDITIONAL HELP

STEP 4 : Emergency cricothyroidotomy

- Continue nasal oxygen using O₂ flow at 5 L/min and efforts at rescue mask ventilation
- Perform surgical cricothyroidotomy with optimal neuromuscular blockade

Post- procedure plan

1. Ensure proper disposal of single use items and disinfection of reusable items as per the institutional policy
2. Supervised doffing of PPE with proper disposal, followed by hand hygiene
3. Further airway management plan
4. Treat airway oedema if suspected
5. Monitor for complications
6. Counselling and documentation
7. Debriefing

This flow chart should be used in conjunction with the text

SAD = Supraglottic airway device O₂ = Oxygen
 PPE = Personal Protective Equipment SpO₂ = Oxygen saturation

Bold underlined text represents modifications in AIDAA algorithm.

*A viral filter should be present between the mask and the breathing circuit and the patient's face should be covered with a transparent plastic sheet or a customised intubation box during mask ventilation.