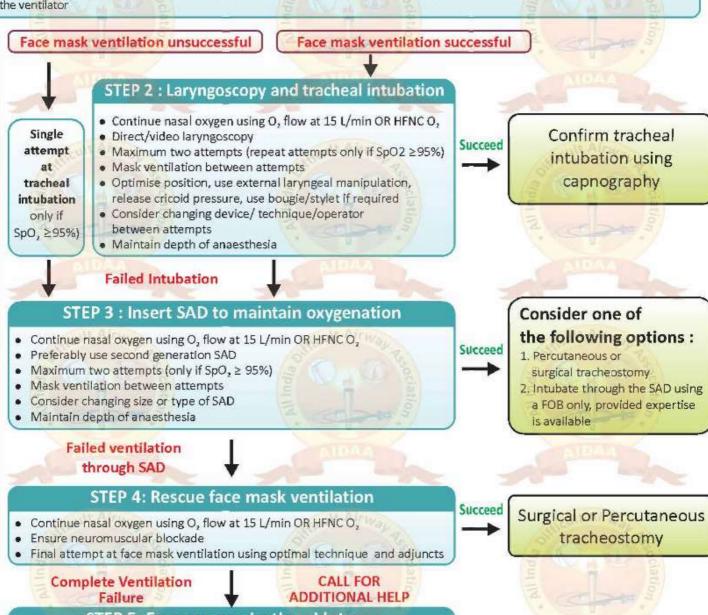


STEP 1: Preoxygenation and induction of anaesthesia

- Two persons (one experienced)
- · Optimise preoxygenation with one of the following :
 - Noninvasive ventilation with 100% O,, pressure support of 5-15 cm H,O with PEEP of 5 cm H,O for 3 minutes (nasal cannula with O, flow at 15 L/min)
 - HFNC O, therapy
- Induction Etomidate or Ketamine with Succinylcholine (if not contraindicated) or Rocuronium
- Use cricoid pressure
- IPPV with bag-valve mask with reservoir bag (use external PEEP valve set to 5-10 cm H₂O if available) / IPPV with PEEP using the ventilator



STEP 5: Emergency cricothyroidotomy

- . Continue nasal oxygen using O, flow at 15 L/min OR HFNC O, 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 HFNC = High flow nasal cannula

PEEP = Positive end-expiratory pressure

SAD = Supraglottic airway device

IPPV = Intermittent positive pressure ventilation SpO₂ = Oxygen saturation

O,= Oxygen

Post - procedure plan 1. Further airway management plan

2. Treat airway oedema if suspected

Convert to a tracheostomy

at the earliest

- Monitor for complications
- 4. Counselling and documentation

Myatra SN, Ahmed SM, Kundra P, Garg R, Ramkumar V, Patwa A, Shah A, Raveendra US, Shetty SR, Doctor JR, Pawar DK, Ramesh S, Das S, Divatia JV. The All India Difficult Airway Association 2016 guidelines for tracheal intubation in the Intensive Care Unit.

Succeed