

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 O₂ flow at 15 L/min
- Maximum two more attempts (repeat attempts only if SpO₂ ≥ 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

Succeed

Confirm tracheal intubation using capnography

Failed Intubation

Resume Mask Ventilation with 100% O₂

STEP 2: Insert SAD to maintain oxygenation

- Continue nasal oxygen using O₂ flow at 15 L/min
- Preferably use second generation SAD
- Maximum two attempts (only if SpO₂ ≥ 95%)
- Mask ventilation between attempts
- Consider changing size or type of SAD
- Maintain depth of anaesthesia

Succeed

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

Failed Ventilation through SAD

STEP 3: Rescue face mask ventilation

- Continue nasal oxygen using O₂ flow at 15 L/min
- Ensure neuromuscular blockade
- Final attempt at face mask ventilation using optimal technique and adjuncts

Succeed

Wake up the patient

Complete Ventilation Failure

CALL FOR ADDITIONAL HELP

STEP 4 : Emergency cricothyroidotomy

- Continue nasal oxygen using O₂ 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
O₂ = Oxygen

SAD = Supraglottic airway device
SpO₂ = Oxygen saturation

Post- procedure plan

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

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