Emergency Intubation

LARYNGOSCOPY  ANY PROBLEM AT ANY TIME  CALL FOR HELP
Anaesthesia, PICU, NICU, PIPER, ENT and Emergency

Preparation

Assess  Check  Help  Plan  Optimise
• Airway  • Equipment  • Who?  • Discuss Plans (A, B, C and D)  • Optimise position of the head and neck
• Severity of condition  • Monitors  • Availability?  • Inform consultant  • Complete checklist
• Your skills  • Drugs for anaesthesia  • Resuscitation
• Get help if difficulty anticipated

REMEMBER: successive attempts at intubation must have different personnel, position, or technique.

MAINTAIN: oxygenation, sedation and paralysis between each attempt.

Plan A: Up to 3 intubation attempts

Pre-oxygenate. Sedate then paralyse. Remove collar and stabilise C-spine.
Perform video assisted direct laryngoscopy. If unable to see vocal cords:

Manipulate larynx  Remove cricoid pressure if applied  Consider bougie

If unable to oxygenate, go to plan B after a single intubation attempt. Proceed to Plan B if not successful within three minutes.

Plan B: Insert laryngeal mask

Re-oxygenate. Check heart rate and blood pressure.
The best intubator in the hospital at the time to perform a final attempt at intubation

Get anaesthetist ext 52000  Prepare hyperangulated blade videolaryngoscope or flexible/ fiberoptic scope  Revert to guedel if unable to ventilate

If unable to oxygenate, go to Plan D immediately. If intubation is unsuccessful, but can oxygenate, do not persist with further attempts, go to Plan C.

Plan C: Maintain oxygenation

Ventilate via face mask with guedel, or laryngeal mask
Wake the patient if possible. Call ENT for urgent tracheostomy.

Plan D: Rescue cricothyroidotomy/tracheostomy

Failed Intubation and failed oxygenation with bradycardia (SpO2 <80%, or < 50% with cyanotic heart disease)

Revert to face mask with oral and nasopharyngeal airway
Perform rescue cricothyroidotomy or tracheostomy.

To optimise oxygenation
• Correct mask size
• Oral guedel airway
• Two hands to hold mask
If still unable to oxygenate, remove guedel and insert laryngeal mask

Verify tracheal intubation
• Verify with capnography and visually
• If in cardiac arrest, capnography can be unreliable — double check visually
• If in doubt, take it out

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