

# Emergency Intubation

USE IN CONJUNCTION WITH BASIC LIFE SUPPORT GUIDELINES. SEE RCH AIRWAY MANAGEMENT CLINICAL PRACTICE GUIDELINES.



Anaesthesia, PICU, NICU, PIPER, ENT and Emergency

LARYNGOSCOPY → ANY PROBLEM AT ANY TIME → CALL FOR HELP

Preparation	Assess	Check	Help	Plan	Optimise
	<ul style="list-style-type: none"> <li>Airway</li> <li>Severity of condition</li> <li>Your skills</li> <li>Get help if difficulty anticipated</li> </ul>	<ul style="list-style-type: none"> <li>Equipment</li> <li>Monitors</li> <li>Drugs for anaesthesia</li> <li>Resuscitation</li> </ul>	<ul style="list-style-type: none"> <li>Who?</li> <li>Availability?</li> <li>Inform consultant</li> </ul>	<ul style="list-style-type: none"> <li>Discuss Plans (A, B, C and D) with your team</li> <li>Nominate a timekeeper</li> <li>Can this patient be woken up if intubation fails?</li> </ul>	<ul style="list-style-type: none"> <li>Optimise position of the head and neck</li> <li>Complete checklist</li> </ul>
<p><b>REMEMBER:</b> successive attempts at intubation must have different personnel, position, or technique.</p> <p><b>MAINTAIN:</b> oxygenation, sedation and paralysis between each attempt.</p>					

Anaesthetist	ext 52000
Operating Theatre	ext 52001
PICU	ext 52324
NICU	ext 52211
ED	ext 52169
MET	ext 2222

Plan A: Up to 3 intubation attempts	<p><b>Pre-oxygenate. Sedate then paralyse. Remove collar and stabilise C-spine.</b></p> <p>Perform video assisted direct laryngoscopy. If unable to see vocal cords:</p>		
	Manipulate larynx	Remove cricoid pressure if applied	Consider bougie
<p><b>If unable to oxygenate, go to plan B after a single intubation attempt. Proceed to Plan B if not successful within three minutes.</b></p>			

**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



Plan B: Insert laryngeal mask	<p><b>Re-oxygenate. Check heart rate and blood pressure.</b></p> <p>The <b>best intubator</b> in the hospital at the time to perform a final attempt at intubation</p>		
	Get anaesthetist ext 52000	Prepare hyperangulated blade videolaryngoscope or flexible/fibreoptic scope	Revert to guedel if unable to ventilate
<p><b>If unable to oxygenate, go to Plan D immediately.</b></p> <p><b>If intubation is unsuccessful, but can oxygenate, do not persist with further attempts, go to Plan C.</b></p>			

**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



Failed intubation with successful oxygenation

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

Plan C: Maintain oxygenation	<p>Ventilate via face mask with guedel, or laryngeal mask</p>
	<p>Wake the patient if possible.</p> <p>Call ENT for urgent tracheostomy.</p>

Plan D: Rescue cricothyroidotomy/tracheostomy	<p>Revert to face mask with oral and nasopharyngeal airway</p>
	<p>Perform rescue cricothyroidotomy or tracheostomy.</p>