

Improving The View

Oxygenate Oxygenate Oxygenate

Make Your First Attempt The Best Attempt: It saves time and Oxygen

Don't forget simple but effective ways to improve the view

Good airway assessment will facilitate airway management

Consider a videolaryngoscope as a first line device

Consider High Flow Nasal Oxygenation

PLAN A consider:

Better Head Position

BURP

Bougie

Blade change

Head position –

- Aiming to align oral, pharyngeal and laryngeal structures.
- Sniffing Position with neck flexed, head extended.
- Degree of head elevation required varies.
- External Auditory Meatus in line with sternal notch as a guide.
- In obese/obstetric patients the 'ramped' position - Oxford HELP pillow or several well positioned standard pillows.
- Bed at optimal height.

BURP

external laryngeal manipulation - Backward Upward Rightward Pressure on the thyroid cartilage

Most effective when performed by laryngoscopist – immediate visual feedback
Assistant's hand can be positioned by anaesthetist.

Gum elastic or plastic bougie.

The bougie can be used in combination with all of the alternative laryngoscopic techniques (except Bonfils!)

Found to be significantly more useful than the stylet in Grade 3 intubations .

Features:

Adult version usually 60cm, 15French – will fit ETT down to size 6.0

Paeds versions in 10F, 5F

May be pre-formed to some extent

Used with permission from the BASDART Course Dr R Glasson And Dr S Chadwick
Adapted by Dr A Norman February 2026

Indications

Directional control during routine or difficult intubation
May be useful for guiding ETT in combination with videoscope
May be used to ensure correct placement of Proseal LMA (see later)

Tips

Leave laryngoscope in place while advancing ETT over bougie
If ETT caught on cords, pull back then advance with 90° anti-clockwise rotation.

***Do Not Pass The Bougie Blindly Into What You Think Is The Trachea.
You May Be Wrong AND Cause Trauma.***

***The Oxford HELP Device
(Head Elevating Laryngoscopy Pillow)***

