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Rewritten by Dr A Norman October 2022

Can't Intubate, Can't Oxygenate in adults

We In Are Trouble But Don't Panic!!!

The "Can't Intubate, Can't Oxygenate" (CICO) scenario is a rare event with an estimated incidence of approximately 1:10000-1:50000 anaesthetics but may be more frequent in other specialties such as ICU or ED due to the patient case mix (*NAP4 Sec2 Ch13*). Although CICO is 'rare' over half of experienced anaesthetists report encountering this demanding scenario at least once in their career. It is therefore crucial to be as prepared as possible for such an eventuality.

In this teaching we are assuming that all supraglottic options have been attempted and failed. No patient should conceivably undergo attempts at emergency oxygenation through the anterior neck without having considered attempts at oxygenation through bag and mask ventilation, LMA insertion and attempts at intubation. NAP4: 60% CICO cases had NO attempt made at a SAD.

DAS Guidelines assume a **paralysed** patient. If unparalysed, consider laryngospasm and treat accordingly, consider if the patient can be woken up, giving a muscle relaxant at this point may enable ventilation and will possibly make surgical airway attempts easier.

Clear communication is a vital part of successful CICO procedure, both in communicating to the theatre team that a CICO event has arisen, and in achieving the correct series of steps necessary for a good outcome.

Needle Cricothyroidotomy has been removed from the current guidelines (Nov 2015)
The important factor is the decision-making process and the communication.

Complications

- Malposition
- False passage
- Haemorrhage
- Oesophageal perforation
- Surgical emphysema
- Barotrauma / pneumothorax

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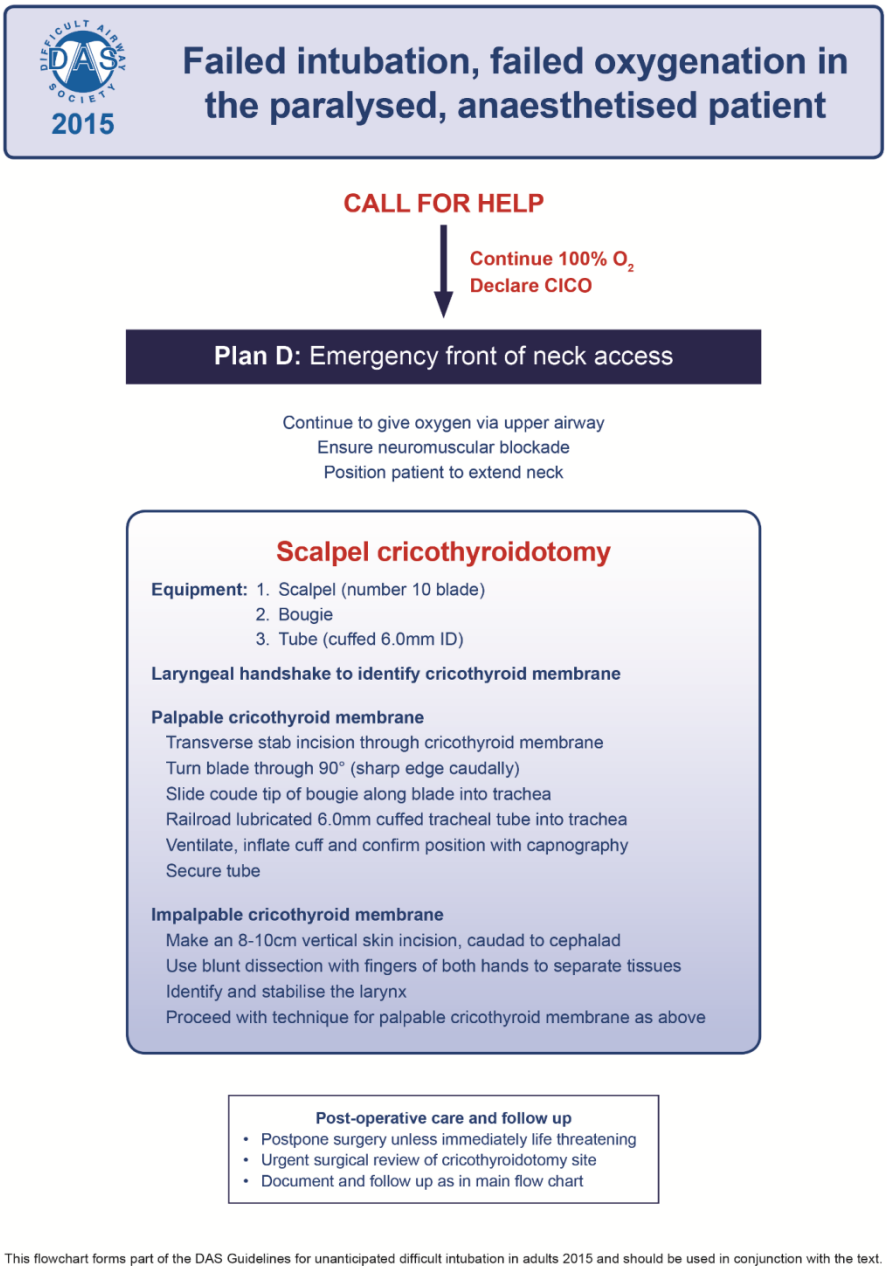
Surgical technique.

This enables placement of a size 6.0 and conventional ventilation.



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