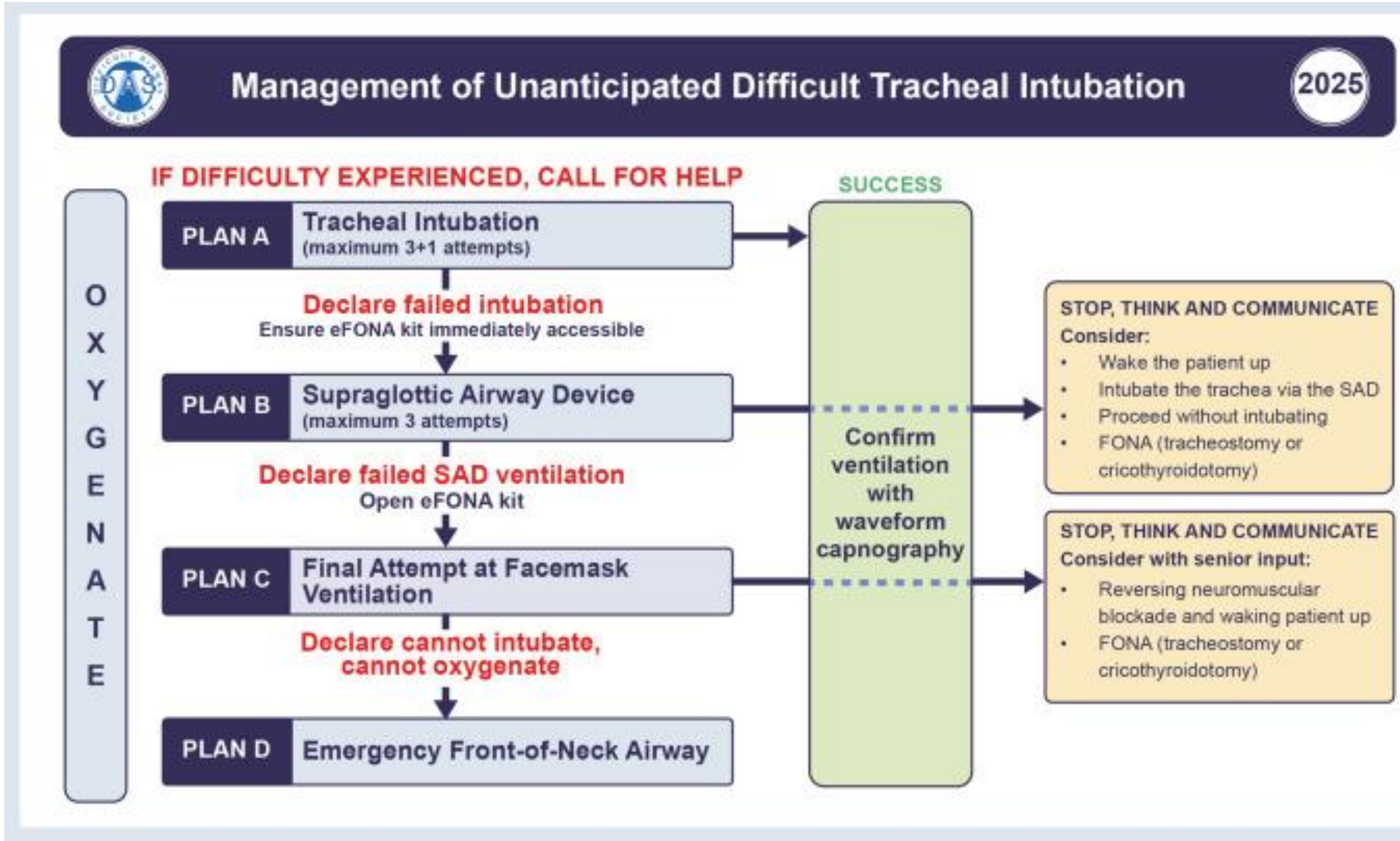
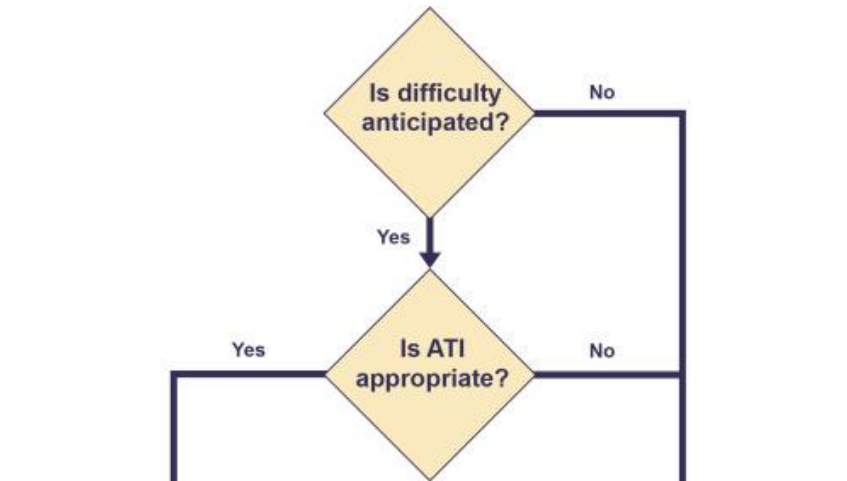

Management of Unanticipated Difficult Tracheal Intubation
2025
IF DIFFICULTY EXPERIENCED, CALL FOR HELP
OXYGENATE
PLAN A
Tracheal Intubation
(maximum 3+1 attempts)
Declare failed intubation
Ensure eFONA kit immediately accessible
PLAN B
Supraglottic Airway Device
(maximum 3 attempts)
Declare failed SAD ventilation
Open eFONA kit
PLAN C
Final Attempt at Facemask Ventilation
Declare cannot intubate, cannot oxygenate
PLAN D
Emergency Front-of-Neck Airway
SUCCESS
Confirm ventilation with waveform capnography
STOP, THINK AND COMMUNICATE
Consider:
• Wake the patient up
• Intubate the trachea via the SAD
• Proceed without intubating
• FONA (tracheostomy or cricothyroidotomy)
STOP, THINK AND COMMUNICATE
Consider with senior input:
• Reversing neuromuscular blockade and waking patient up
• FONA (tracheostomy or cricothyroidotomy)

Preparation and Planning for Tracheal Intubation 2025

AIRWAY ASSESSMENT

- Airway history and bedside assessment (including cricothyroid membrane)
- Assess and manage pulmonary aspiration risk
- Assess for physiological difficulty
- Review available imaging
- Consider awake airway visualisation (nasendoscopy or videolaryngoscopy)



Perform ATI

DAS ATI Guidelines

Asleep Intubation

Preparation Checklist

- ☐ RSI indicated
- ☐ Airway team briefed
- ☐ Plans A-D equipment check
- ☐ Optimal patient positioning and staff/ equipment/ ergonomics
- ☐ Functioning waveform capnography
- ☐ Deliverable pre-oxygenation strategy

Plan A: Tracheal Intubation

2025

IF DIFFICULTY EXPERIENCED, CALL FOR HELP

Peroxygenation
Facemask ± nasal oxygen

PLAN A: TRACHEAL INTUBATION
(maximum 3+1 attempts)

- Use a videolaryngoscope
- Ensure adequate neuromuscular blockade
- Ensure time awareness

If unsuccessful, consider:

- Introducers (bougie, stylet)
- External laryngeal manipulation
- Removing cricoid force (if applied)
- Optimising position
- Changing blade type or device

Airway Assistant

- Monitor attempts and elapsed time
- Prompt and provide equipment
- Prepare SAD for Plan B

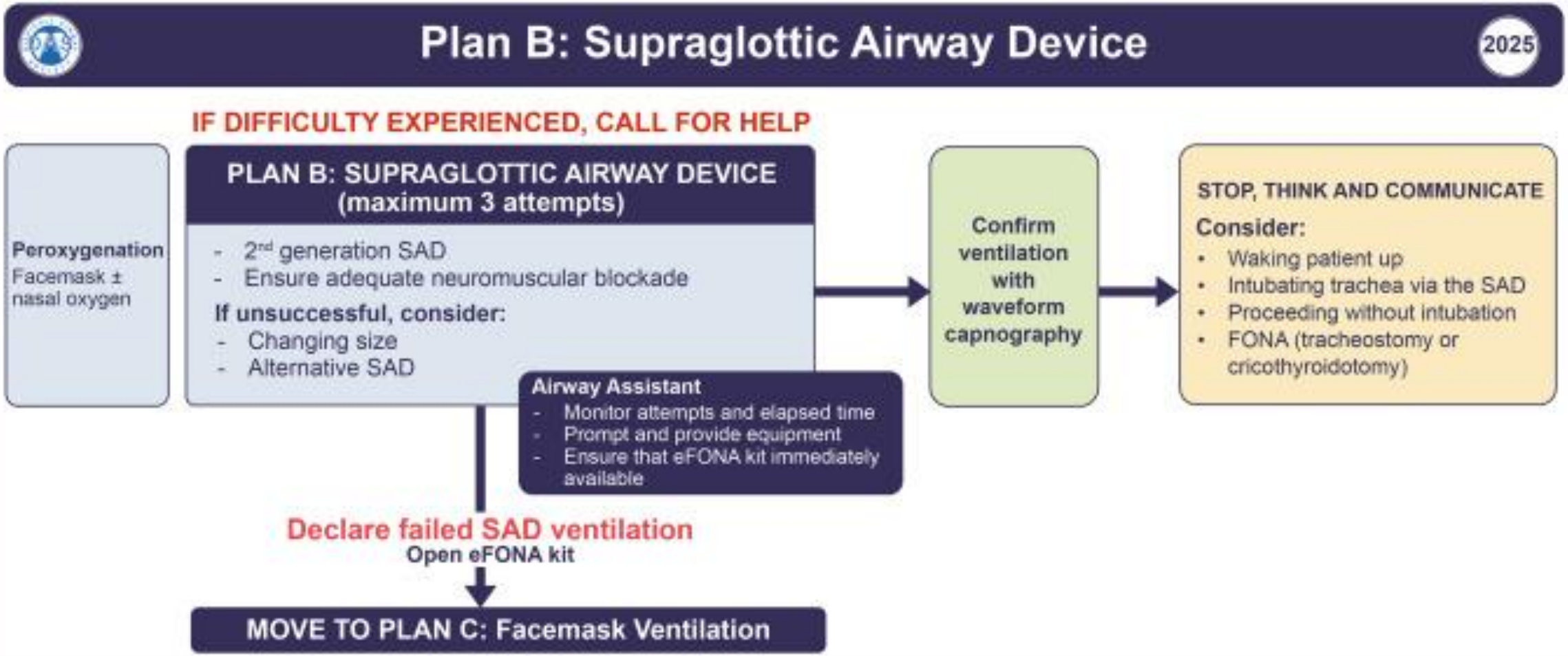
Verify success with two-point check:

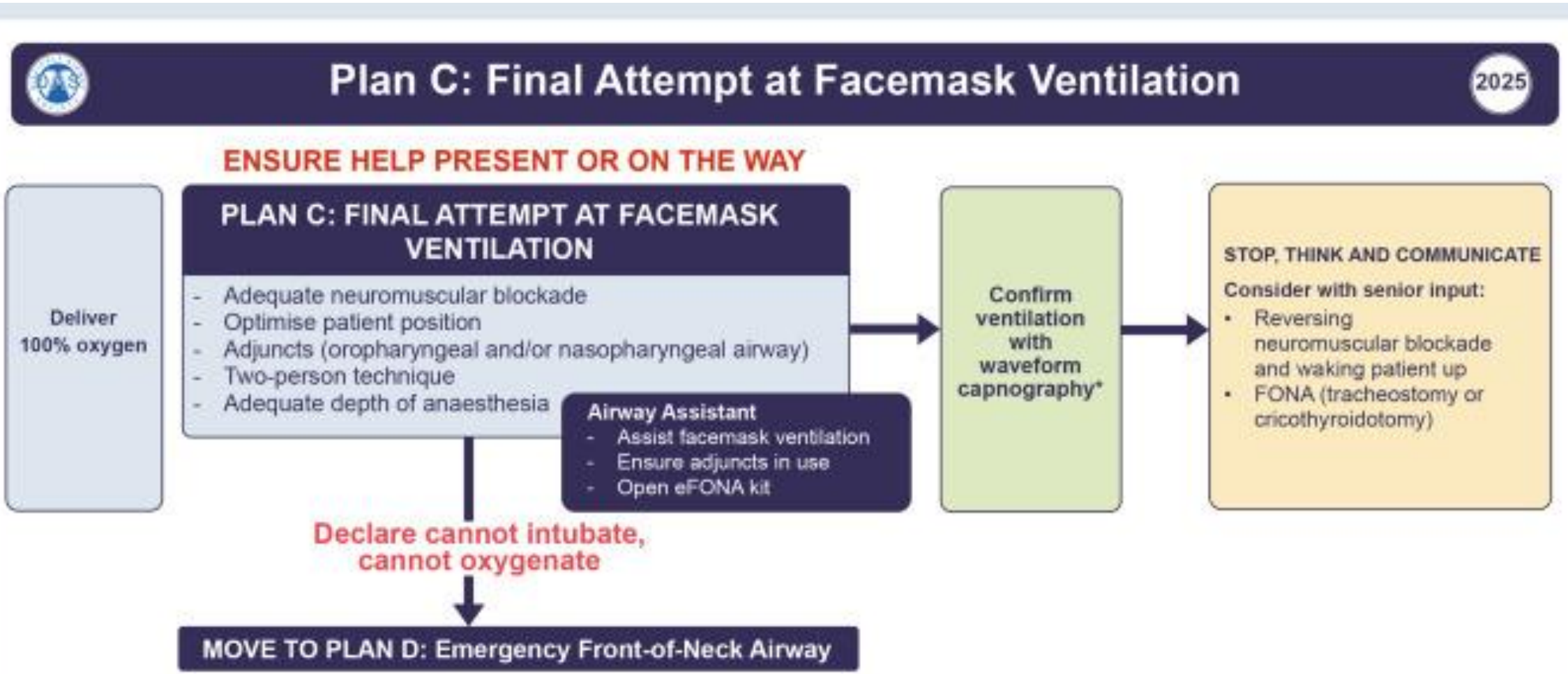
1. Waveform capnography
2. Visual confirmation

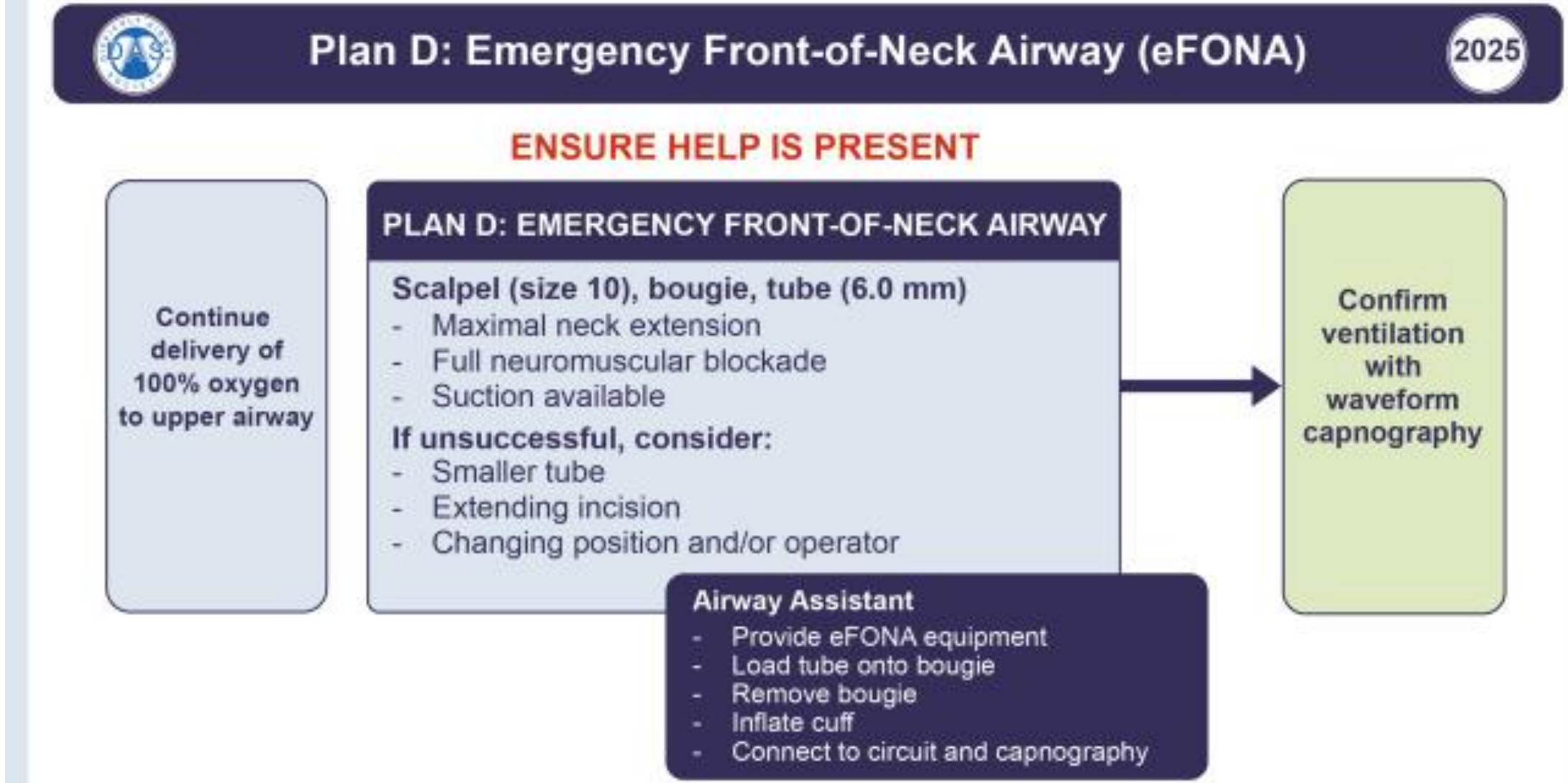
Declare failed intubation

Ensure eFONA kit immediately accessible

MOVE TO PLAN B: Supraglottic Airway Device


Plan B: Supraglottic Airway Device
2025
IF DIFFICULTY EXPERIENCED, CALL FOR HELP
Peroxygenation
Facemask ± nasal oxygen
PLAN B: SUPRAGLOTTIC AIRWAY DEVICE (maximum 3 attempts)
- 2nd generation SAD
- Ensure adequate neuromuscular blockade
If unsuccessful, consider:
- Changing size
- Alternative SAD
Airway Assistant
- Monitor attempts and elapsed time
- Prompt and provide equipment
- Ensure that eFONA kit immediately available
Confirm ventilation with waveform capnography
STOP, THINK AND COMMUNICATE
Consider:
• Waking patient up
• Intubating trachea via the SAD
• Proceeding without intubation
• FONA (tracheostomy or cricothyroidotomy)
Declare failed SAD ventilation
Open eFONA kit
MOVE TO PLAN C: Facemask Ventilation

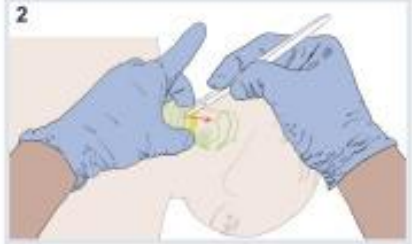

Plan C: Final Attempt at Facemask Ventilation
2025
ENSURE HELP PRESENT OR ON THE WAY
Deliver 100% oxygen
PLAN C: FINAL ATTEMPT AT FACEMASK VENTILATION
- Adequate neuromuscular blockade
- Optimise patient position
- Adjuncts (oropharyngeal and/or nasopharyngeal airway)
- Two-person technique
- Adequate depth of anaesthesia
Airway Assistant
- Assist facemask ventilation
- Ensure adjuncts in use
- Open eFONA kit
Confirm ventilation with waveform capnography*
STOP, THINK AND COMMUNICATE
Consider with senior input:
• Reversing neuromuscular blockade and waking patient up
• FONA (tracheostomy or cricothyroidotomy)
Declare cannot intubate, cannot oxygenate
MOVE TO PLAN D: Emergency Front-of-Neck Airway


Plan D: Emergency Front-of-Neck Airway (eFONA)
2025
ENSURE HELP IS PRESENT
Continue delivery of 100% oxygen to upper airway
PLAN D: EMERGENCY FRONT-OF-NECK AIRWAY
Scalpel (size 10), bougie, tube (6.0 mm)
- Maximal neck extension
- Full neuromuscular blockade
- Suction available
If unsuccessful, consider:
- Smaller tube
- Extending incision
- Changing position and/or operator
Airway Assistant
- Provide eFONA equipment
- Load tube onto bougie
- Remove bougie
- Inflate cuff
- Connect to circuit and capnography
Confirm ventilation with waveform capnography

1

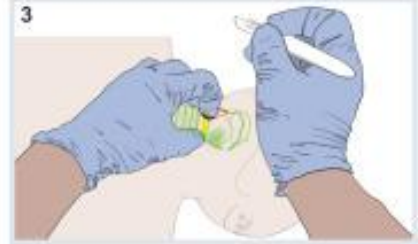
Identify laryngeal anatomy in maximum neck extension and locate the midline with non-dominant hand

2



Tension the skin and stabilise larynx with non-dominant hand. Make a midline vertical incision bottom to top with the scalpel in dominant hand.

3

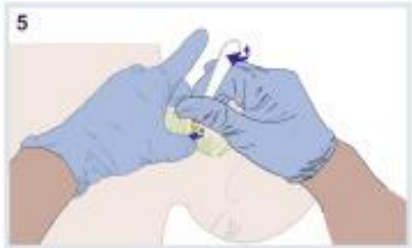


Use blunt dissection, identify and stabilise the larynx. Identify the cricothyroid membrane with the index finger of non-dominant hand.

4

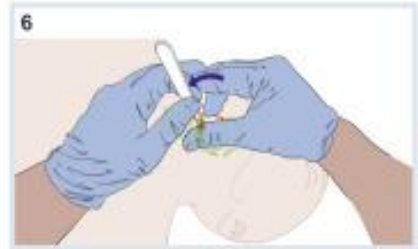
Make a transverse stab incision through the cricothyroid membrane with the cutting edge of the blade facing towards you.

5



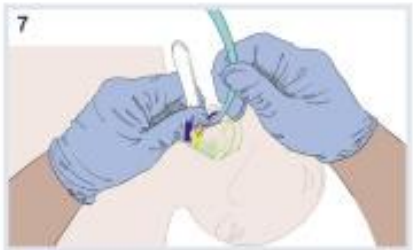
Keep the scalpel perpendicular to the skin and turn it through 90° so the sharp edge points caudally (towards the feet).

6



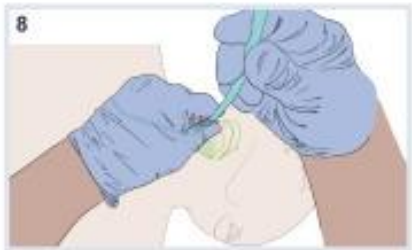
Swap hands; hold the scalpel with the non-dominant hand.

7



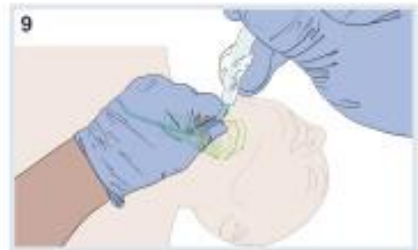
Maintain gentle traction, pulling the scalpel towards you, and keeping the handle vertical to the skin. Slide the bougie alongside the medial aspect of the blade on into the trachea 10–15 cm.

8



Remove the scalpel, stabilise the trachea, tension the skin and hold the bougie with non-dominant hand.

9



Railroad a size 6.0 mm cuffed tracheal tube over the bougie. Rotate the tube as it is advanced.