Management of Awake Tracheal Intubation (ATI)

ATI is an aerosol generating procedure (AGP). Please ensure adequate personal protective equipment (PPE) for ALL team members (anaesthetists, ODP, surgeon and scrub nurse) prior to performing ATI.

Aims of performing ATI: Safely securing the airway awake with adequate preparation of the patient with no/minimal coughing (to decrease aerosol production). Take your time!

Pre-procedure (pre-assessment)

- Surgery must be decided by a Consultant Maxillo-facial/ENT surgeon and the urgency of it (CEPOD category)
- Consultant anaesthetist to make decision for ATI
- Surgery ideally to be completed during daytime hours.
- Ensure patient has been optimised with administration of IV dexamethasone, antibiotics and analgesia (this could decrease swelling & pain leading to improved mouth opening).

During procedure (inside theatre)

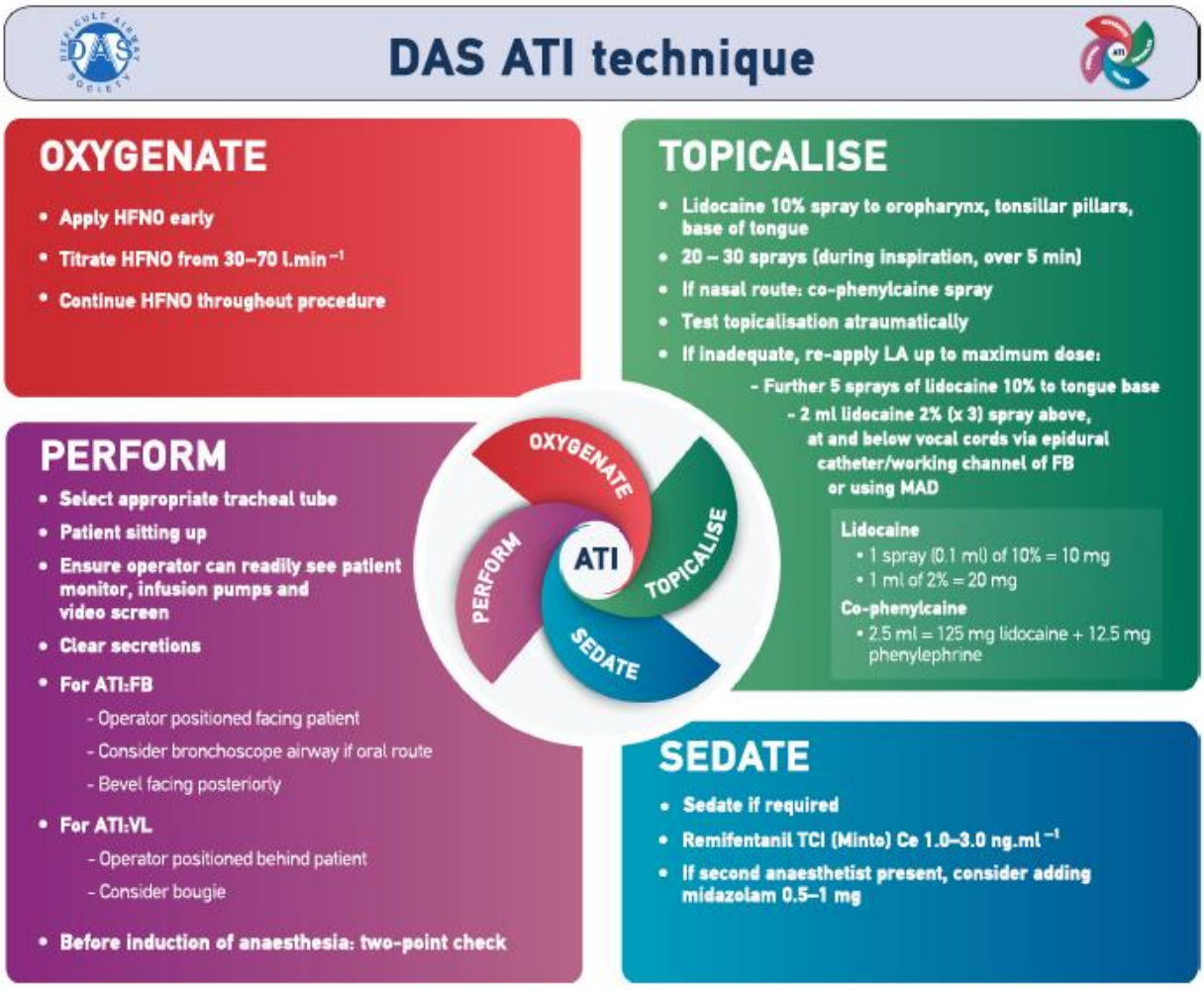
- Please adhere to the guidance: Theatre pathway for COVID+/suspected case requiring general anaesthesia '.
- Confirm what your plan for failure is – use the checklist.
- Ensure the presence of a consultant surgeon in theatre in case of difficulty/failure of ATI. surgeon and scrub team in full sterile PPE but in scrub area so they can ideally wait 20 mins before entering but prepared to enter if they are needed in case of difficulty / FONA.

    - To be performed by 2 anaesthetists (most senior & trained to perform endoscopy), 1 ODP in theatre. Full PPE with FFP3 mask/Hood is required.
    - ***Oxygenation:*** If required, initially use a nasal prong/ nasal sponge (<5L/min). High flow nasal oxygenation (HFNO) is considered as an AGP and is therefore (relatively) contraindicated. So don't use.
    - ***Topicalisation***: Please ensure adequate & thorough topicalisation. Please test topicalisation atraumatically prior to scoping. (Max dose of lidocaine is 9mg/kg of lean body weight). Place a surgical face mask over patient for nasal scoping. Transtracheal puncture/injection is not recommended as it can make the patient cough.
    - ***Sedation***: Sedate safely as required (second anaesthetist). According to the experience of the anaesthetist, single agent with remifentanil (Minto) Ce 1-3.0 ng/ml is adequate. If second agent with propofol or midazolam is required, please use with caution.
    - ***Perform***: Select appropriate tracheal tube (Nasal performed 6.0 ID). Please only use AmbuScope (single use disposable). Scoping technique & positioning preference as per discretion of the anaesthetist. Before induction of anaesthesia: ***2-point check*** (visualization of the tracheal lumen with the scope in the trachea & presence of capnography). Inflate cuff once patient is asleep and apnoeic, start to ventilate only when the cuff is up.

Post-surgery

- Remember, extubation is an AGP. Ensure surgeon does not de-scrub but retreats to scrub area for 20 mins post extubation.
- All cases requiring ATI should be considered **'at-risk'** for extubation.
- Perform end of surgery laryngoscopy with a videolaryngoscope. Assess mouth opening & perform risk stratification of tracheal extubation & any subsequent airway management. Ensure this is documented clearly

Appendix 1: DAS Awake Tracheal Intubation technique



Please note: as discussed earlier, HFNO is (relatively) contraindicated due to potentially AGP.

Appendix 2: DAS Checklist for Awake Tracheal Intubation

Checklist for Awake Tracheal Intubation

1. Location _____

2. Appropriate staff present

Anaesthetic assistant ☐ Second anaesthetist ☐
monitoring, sedation, anaesthesia

Other _____

3. Team briefed

Procedure outline ☐ Role allocation ☐

Plan for failure ☐

4. ATI device selected, prepared and checked

Tube *(type/size)* _____

Flexible bronchoscope ☐	**Videolaryngoscope** ☐
Route	**Device/blade**
Optional adjuncts Oral airway ☐ Suction ☐ SAD ☐ Mucosal atomiser ☐ Aintree catheter ☐ Epidural catheter ☐	**Optional adjuncts** Stylet ☐ Suction ☐ Bougie ☐ Mucosal atomiser ☐
Device check Focus ☐ Tube correctly loaded ☐ White balance ☐ Image orientation ☐ Lubricated ☐ Anti-fog/wiped ☐ Battery/power ☐	**Device check** Lubricated ☐ Anti-fog/wiped ☐ Tube correctly loaded ☐ Battery/power ☐

5. Oxygenation _____

6. Sedation *(if required)* _____

7. Topicalisation

Nose _____ Oropharynx _____ Larynx _____ Trachea _____

Vasoconstrictor *(if required)* _____ Antisialogogue *(if used)* _____

Maximum lidocaine dose
_____kg x 9 mg.kg^{-1} = _____mg

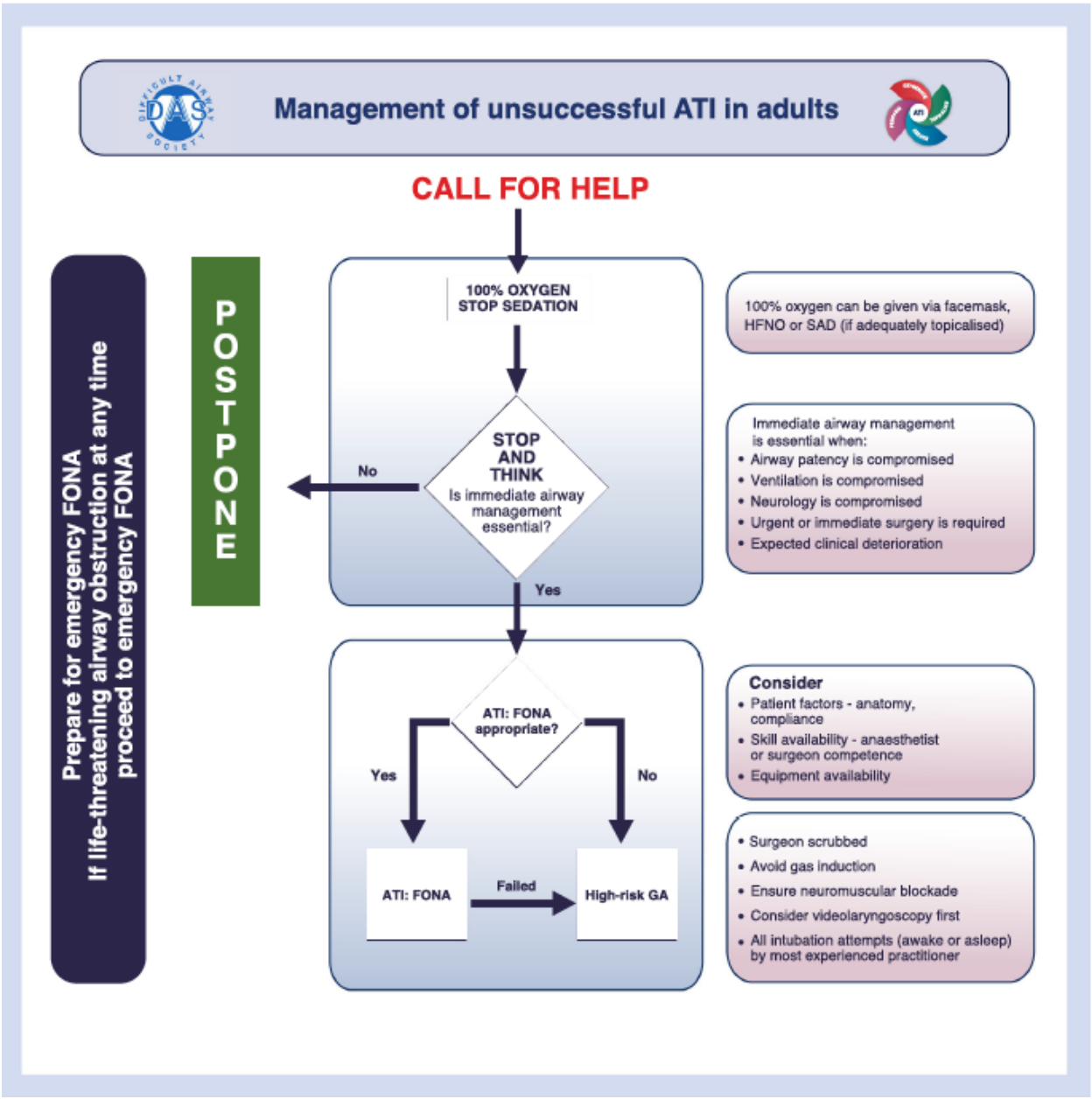
Planned lidocaine dose
_____ sprays of 10% _____mg
_____ ml of 2% _____mg
_____ ml of 4% _____mg

8. Setup position

Operator ☐ Patient ☐ Monitor ☐ Suction ☐

Pumps ☐ Step ☐ Airway Trolley ☐ Bed ☐

Appendix 3: DAS Management of unsuccessful ATI in adults



Appendix 4: DAS Extubation Guidelines: 'at-risk' algorithm