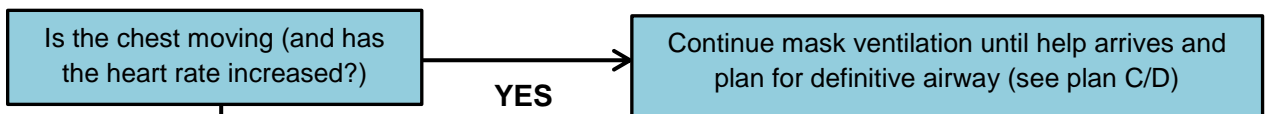


# UNEXPECTED DIFFICULT AIRWAY

Declare difficult airway  
 Call for expert help  
 Retrieve Difficult Airway Box (location L14 N1 and L13 Theatre)

## Plan A - Failed intubation but able to oxygenate

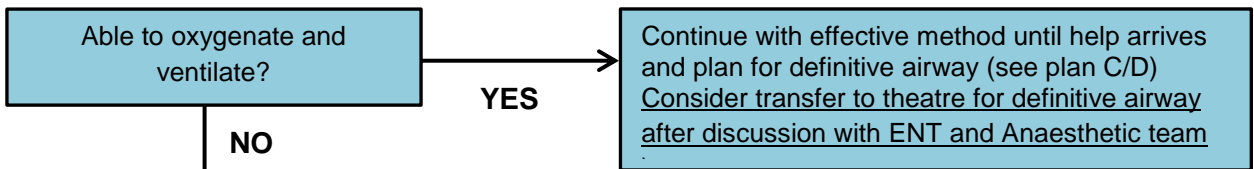
<b>Priority: Mask ventilation and oxygenation</b> <ul style="list-style-type: none"> <li>• Appropriate size mask</li> <li>• Neutral position</li> <li>• Is T-Piece/BMV/Ayres circuit pressure high enough?</li> <li>• 2 person technique effective?</li> </ul>	<b>Actions:</b> <ul style="list-style-type: none"> <li>• Align, roll and check seal</li> <li>• Smaller or larger mask size</li> <li>• Reposition the head (neutral position)</li> <li>• Increase PIP/ PEEP/ Use longer Ti</li> <li>• Try oropharyngeal airway</li> <li>• Note: babies with small jaws may oxygenate better when prone</li> </ul>
--	--



NO

## Plan B – Failed intubation and worsening hypoxia

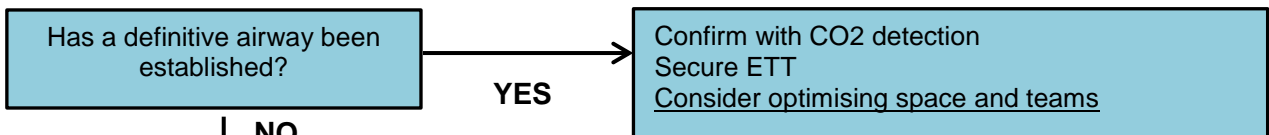
<b>Priority: Oxygenation and ventilation</b> <ul style="list-style-type: none"> <li>• Set oxygen 100%</li> <li>• NG tube in situ</li> <li>• LMA (iGEL) for babies above 2kg.</li> <li>• Consider Nasopharyngeal airway</li> <li>• Obtain IV access</li> </ul>	<b>Actions:</b> <ul style="list-style-type: none"> <li>• Increase O2 to 100%</li> <li>• Pass NG tube to decompress stomach</li> <li>• Insert an airway</li> <li>• CO2 detector in circuit</li> <li>• IV access (UVC/IO)</li> </ul>
---	--



NO

## Plan C – Difficulty ventilating and oxygenating

<b>Priority: Optimise oxygenation</b> <ul style="list-style-type: none"> <li>• Set Oxygen 100%</li> <li>• Specialist techniques e.g. Airtraq, Video laryngoscopy or Bougie</li> <li>• Did you use sedation and paralysis?</li> </ul>	<b>Action:</b> <ul style="list-style-type: none"> <li>• Apply HHFNC with FiO2 100% or nasal cannula low flow</li> <li>• When help available:             <ul style="list-style-type: none"> <li>○ Use Airtraq device or video laryngoscopy in cases with difficult views - Grade 3 or 4 Cormack/Lehane scale</li> <li>○ Use BOUGIE in presence of narrow airway</li> <li>○ Sedation and paralysis</li> </ul> </li> </ul>
--	--



NO

## Plan D – Can't intubate, can't oxygenate

**Plan D – Can't intubate, can't oxygenate**

Imminent demise requiring rescue techniques

- Consider percutaneous tracheal puncture with QuickTrach or retrograde intubation if no ENT presence (after 30 minutes since start of resuscitation)
- With ENT/Anaesthetic presence – emergency tracheostomy, size 3 tracheostomy tube

**VERBALISE AS CHALLENGE AND RESPONSE.**  
**Yes/No responses required from team leader**

Immediate actions: **We have a difficult airway situation**

**1. Has someone called for expert help?**

Send a specific team member to call for help (numbers below):

Tell them to state:

**'We have a difficult airway situation in (state your location). Please attend immediately'**

Contact:

a) Neonatal consultant

b) ENT consultant contact:

Working hours - ext. 64811, 64813

Out of hours - call switchboard and ask for ENT consultant on call

c) Anaesthetic consultant

Inform the theatre team and ask for ENT scopes.

Working hours – ext. 62563, 62564 if no answer - nurse in charge to go to Level 7 paediatric theatre to ask for help.

Out of hours - call the switchboard and ask for Anaesthetist consultant on call

**2. Has the Difficult Airway box been located and retrieved?**

If Not: Retrieve and Open the Difficult Airway Box: Located at L13 theatre and L14 Nursery 1

*NOW TURN OVER THIS SHEET AND READ FROM 'PLAN A'*

Other information:

**Medication for sedation/paralysis:**

- Fentanil 1 mcg/kg
- Atropine 15 mcg/kg
- Suxamethonium 2 mg/kg

**Medication for reversal of sedation/paralysis**

- Opioid reversal - Naloxone 100mcg/kg

**Location of specific equipment:**

- ENT scopes - To be accessed by theatre team - contacting 62563, 62564