

Obstetric Anaesthetists' Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics



Failed intubation, failed oxygenation in the paralysed, anaesthetised patient

CALL FOR HELP

Continue 100% O₂
Declare GICO

Plan D: Emergency front of neck access

Continue to give oxygen via upper airway
Ensure neuromuscular blockade
Position patient to extend neck

Anaesthesia
 Volume 20, Issue 11, pages 1286-1306, 8 OCT 2015 DOI: 10.1111/anae.13260
<http://onlinelibrary.wiley.com/doi/10.1111/anae.13260/full>

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Scalpel cricothyrotomy

Equipment: 1. Scalpel (number 10 blade)
 2. Bougie
 3. Tube (cuffed 6.0mm ID)

Laryngeal handpiece to identify cricothyroid membrane

Palpate cricothyroid membrane
 Transverse skin incision through cricothyroid membrane
 Turn blade through 90° (sharp edge caudally)
 Slide coude lip of bougie along blade into trachea
 Railroad lubricated 6.0mm cuffed tracheal tube into trachea
 Ventilate, inflate cuff and confirm position with capnography
 Secure tube

Impalpable cricothyroid membrane
 Make an 8-10cm vertical skin incision, caudad to cephalad
 Use blunt dissection with fingers of both hands to separate tissues
 Identify and stabilise the larynx.
 Proceed with technique for palpable cricothyroid membrane as above

Post-operative care and follow up
 • Position surgery unless immediately life threatening
 • Urgent surgical review of cricothyrotomy site
 • Document and follow up as in main flow sheet

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