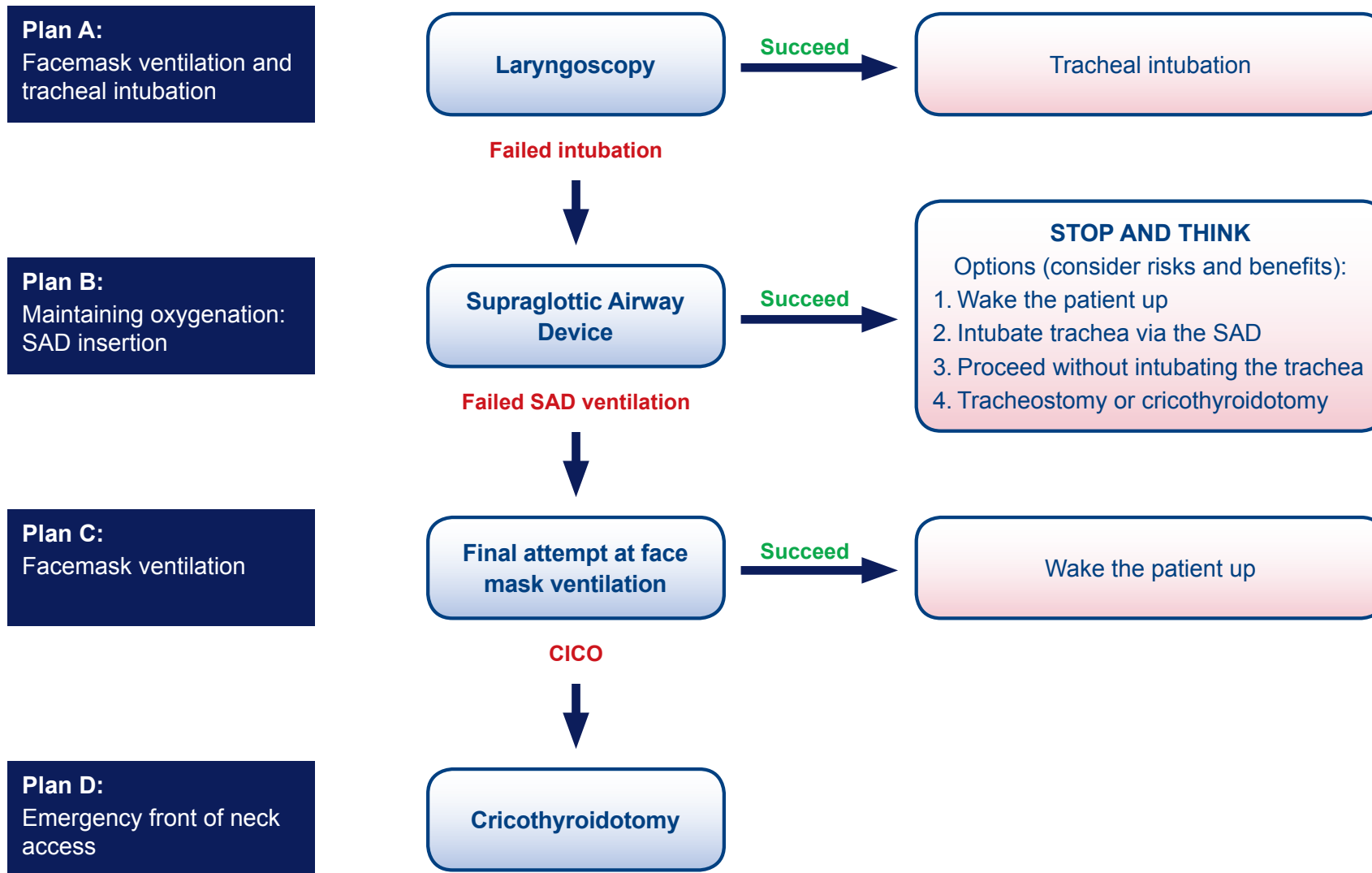
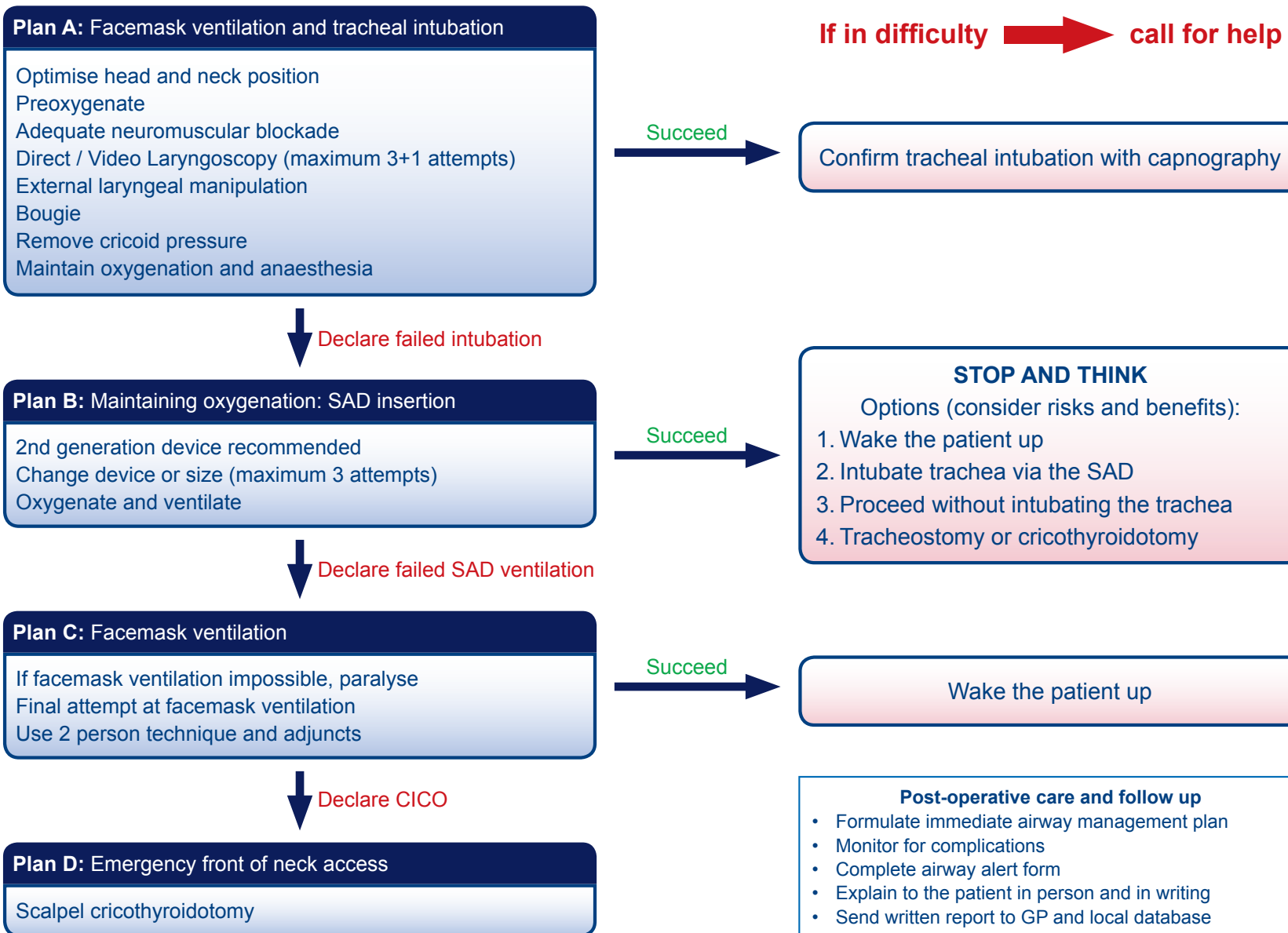


# DAS Difficult intubation guidelines – overview



# Management of unanticipated difficult tracheal intubation in adults



# Failed intubation, failed oxygenation in the paralysed, anaesthetised patient

**CALL FOR HELP**



**Continue 100% O<sub>2</sub>**  
**Declare CICO**

## **Plan D: Emergency front of neck access**

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

### **Scalpel cricothyroidotomy**

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

#### **Laryngeal handshake to identify cricothyroid membrane**

#### **Palpable cricothyroid membrane**

Transverse stab incision through cricothyroid membrane  
Turn blade through 90° (sharp edge caudally)  
Slide coude tip 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**

- Postpone surgery unless immediately life threatening
- Urgent surgical review of cricothyroidotomy site
- Document and follow up as in main flow chart