

Unanticipated difficult tracheal intubation - during rapid sequence induction of anaesthesia in non-obstetric adult patient

Direct laryngoscopy → Any problems → Call for help

**Plan A: Initial tracheal intubation plan**

Pre-oxygenate  
 Cricoid force: 10N awake → 30N anaesthetised  
 Direct laryngoscopy - check:  
 Neck flexion and head extension  
 Laryngoscopy technique and vector  
 External laryngeal manipulation - by laryngoscopist  
 Vocal cords open and immobile  
 If poor view:  
 Reduce cricoid force  
 Introducer (bougie) - seek clicks or hold-up and/or Alternative laryngoscope

succeed → Tracheal intubation

Not more than 3 attempts, maintaining:  
 (1) oxygenation with face mask  
 (2) cricoid pressure and  
 (3) anaesthesia

Verify tracheal intubation  
 (1) Visual, if possible  
 (2) Capnograph  
 (3) Oesophageal detector  
 "If in doubt, take it out"

failed intubation

**Plan C: Maintenance of oxygenation, ventilation, postponement of surgery and awakening**

Maintain 30N cricoid force

**Plan B not appropriate for this scenario**

Use face mask, oxygenate and ventilate  
 1 or 2 person mask technique (with oral ± nasal airway)  
 Consider reducing cricoid force if ventilation difficult

succeed

failed oxygenation (e.g. SpO<sub>2</sub> < 90% with FiO<sub>2</sub> 1.0) via face mask

Postpone surgery and awaken patient if possible or continue anaesthesia with LMA™ or ProSeal LMA™ - if condition immediately life-threatening

LMA™  
 Reduce cricoid force during insertion  
 Oxygenate and ventilate

succeed

failed ventilation and oxygenation

**Plan D: Rescue techniques for "can't intubate, can't ventilate" situation**

