

# Unanticipated Difficult Intubation

Optimize Conditions:

- Head extension
- Suction pharynx
- Consider dose of succinylcholine
- Reduce cricoid pressure
- Consider return of spontaneous ventilation

Call PACU/on-call Faculty STAT:  
Request difficult airway cart STAT

Check SpO2%

SpO2 < 90%?

Maintain oxygenation with bag/mask ventilation during intubation attempts

Repeat Direct Laryngoscopy + Bougie (3 attempts max.)  
Re-check SpO2%

SpO2 < 90%

Consider waking up patient (*not applicable in respiratory distress*)  
Use glidescope / alternative intubation technique

Failure to Intubate?

Consider *ONE* of the following:

- Waking up patient (*not applicable in respiratory distress*)
- Trans-LMA fiber optic intubation (Aintree guided)
- Tracheostomy by ENT

*CONCURRENT ACTIONS*

**Stop intubation:**

- Commence Oxygenation and Ventilation
- Open Cricothyrotomy set
- Page ENT emergent (surgical) airway: 32469

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2 provider bag mask ventilation + oral / nasal airway

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Success?

No

Place an LMA  
Max 2 attempts  
Release cricoid pressure

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Success?

No

STAT needle CRICOTHYROTOMY (Melker kit)  
Do not await arrival of surgeon