

Airway - Unanticipated Difficult Airway - Full Clinical Guideline

Reference no.: CG-ANAES/2017/009

Objective/s

To improve the management of patients with an unexpected difficult airway problem

Rationale

The Royal College of Anaesthetists has suggested that each anaesthetic department should display guidelines for the management of the difficult airway. The department of anaesthesia has decided to formally adopt the guidelines written by the Difficult Airway Society for adults.

Recommendations

Prevention of unanticipated difficulties should be allowed by;

1. Routine assessment of all patients for airway issues prior to starting anaesthesia. This assessment must be noted on the front of the anaesthetic chart.
2. Previous anaesthetic charts must be checked for information about ease of bag & mask ventilation, intubation grade, devices used to aid intubation and any complications of intubation
3. Documentation of any significant unanticipated difficulty within the "Alerts" section of the EPMA system.

When unanticipated difficulty occurs;

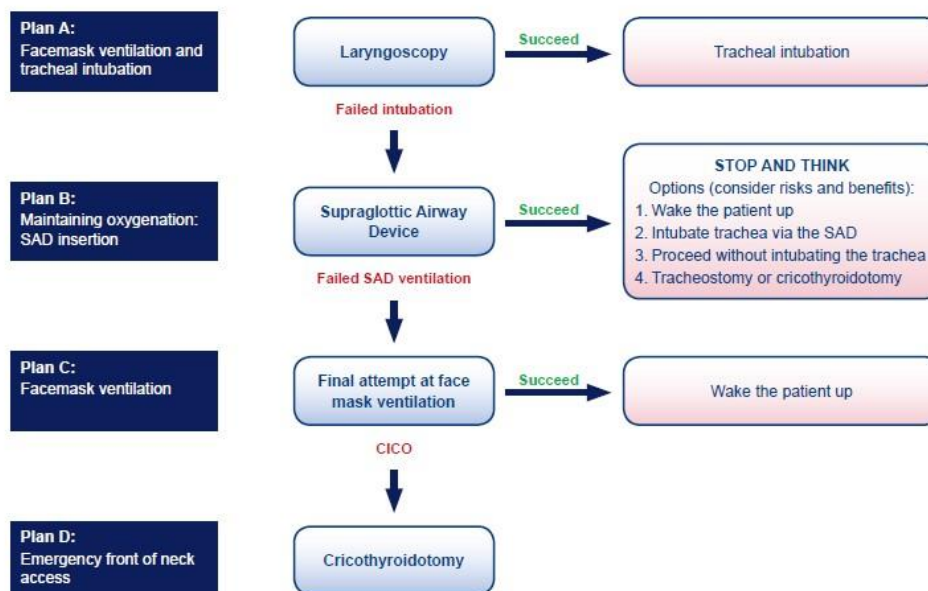
1. Send for help early and consider waking patient up.
2. Adhere to the DAS algorithms (below) in any further airway manipulations.
3. Follow DAS guidelines for subsequent extubation of a difficult airway.
4. Communicate to recovery staff.
5. Plan for emergency reintubation and prepare drugs and equipment.
6. Observe closely for complications of traumatic intubation.
7. Consider period of ventilation in ITU if traumatic intubation.

Post operative follow up

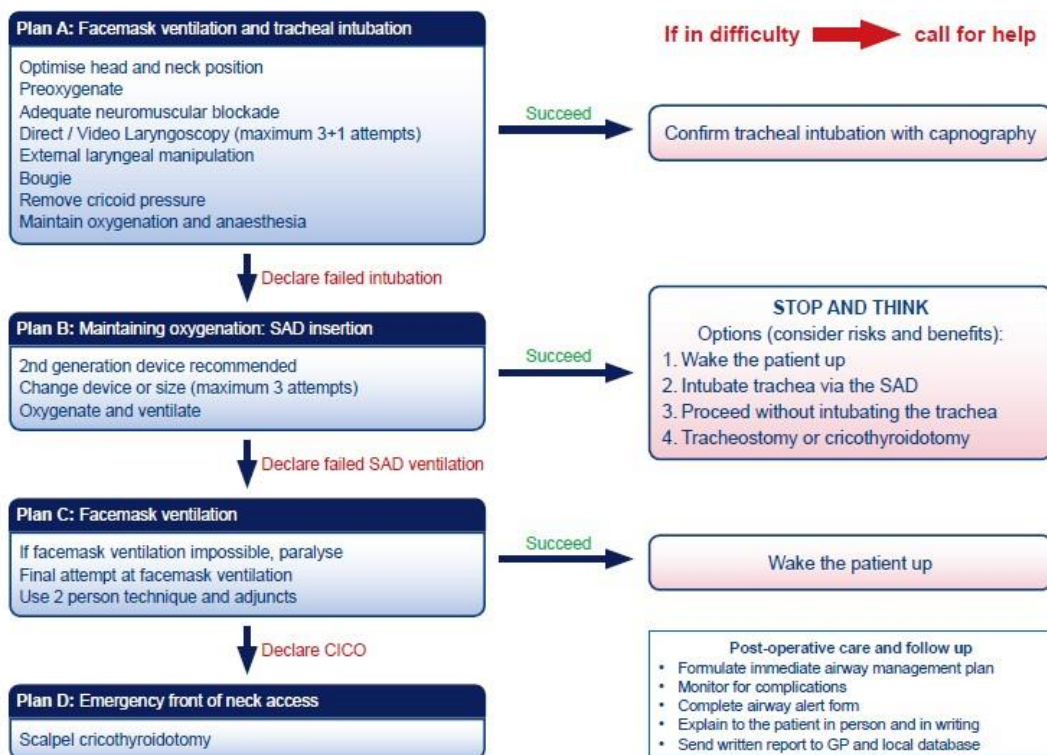
1. Check for any intubation associated trauma.
2. Explain incident to patient and apologise for any morbidity
3. Ask patient to contact anaesthetic department if any symptoms persist.
4. Explain need to inform next anaesthetist of airway difficulty.
5. Make comprehensive notes on anaesthetic record and in hospital notes.
6. Give a copy of "Airway Management Alert Information" sheet to the patient to take home and upload the letter onto the EPMA system.

Summary of the guideline--

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% O₂
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

Documentation Controls

| | |
|---------------------------|-----------------------------------------------------------------|
| Development of Guideline: | Dr Anjum Ahmed-Nusrath, Consultant Anaesthetist |
| Consultation with: | |
| Approved By: | Anaesthetics – 2023 Surgical Division -March 2023 |
| Review Date: | March 2026 |
| Key Contact: | Dr Stefan Valdinger, Consultant Anaesthetist and Airway Lead |

AIRWAY ALERT FORMS

Check List

- If you are a trainee, involve a senior colleague
- Record events on the anaesthetic chart and notes
- Fill in this form
 - 1 for patient
 - 1 for patient notes
 - 1 for GP
- Please file one form in the notes – with the corresponding anaesthetic chart. The letter and form will provide other hospitals with useful information. Reassure the patient that they should not be worried.



AIRWAY MANAGEMENT ALERT
INFORMATION
Royal Derby Hospital

Affix patient label here

PATIENT LETTER
Department of Anaesthetics
Royal Derby Hospital
Uttoxeter Road
Derby
DE22 3NE

Date: /.... /.....

Dear.....,

Your Anaesthetic Doctor came to see you today to explain an important difficulty encountered after you were anaesthetised for your operation.

It was difficult to place a breathing tube into your windpipe/ trachea, which is known as a difficult intubation.

We wish to emphasize that this difficulty has no lasting effects now, but future doctors need to know what happened to make further operations as safe as possible.

The enclosed form tells future doctors the details of this difficulty. We further recommend that you inform your close relatives or friends in the event that they need to provide this information on your behalf.

Please show this form to any doctors if you have further hospital visits which may result in having either an operation or an anaesthetic for any reason.

Yours Sincerely

Sign..... Print.....

GMC:.....

AIRWAY MANAGEMENT ALERT INFORMATION

Royal Derby Hospital, Derby

Affix patient label here

Department of Anaesthetics
Royal Derby Hospital
Uttoxeter Road
Derby
DE22 3NE

Date: /..... /.....

To whom it may concern. This patient had an unanticipated difficult intubation at Royal Derby Hospital.

Procedure/Surgery

Difficulty was:

Unpredicted Predicted due to.....

Laryngoscopy Grade:

Reasons for difficulty included:

- Reduced neck mobility
- Anterior larynx
- Reduced mouth opening
- Immobile epiglottis
- Other:

Bag/mask ventilation was:

Easy Difficult

The patient's airway was ultimately secured:

Awake Asleep Could not be secured

Using:

- Laryngoscope:
- Videolaryngoscope:
- Fibrescope
- Tracheostomy/Cricothyrotomy
- Other.....

My recommendation to secure the airway for any further operations is:

- Awake fiberoptic intubation
- Other:

Further comments about this case:

Sign..... Print..... Grade.....
GMC.....