

Preparation	Assess	Check	Help	Plan	Optimise
	<ul style="list-style-type: none"> Airway Severity of condition Your skills Get help if difficulty anticipated 	<ul style="list-style-type: none"> Equipment Monitors Drugs for anaesthesia Resuscitation 	<ul style="list-style-type: none"> Who? Availability? Inform consultant 	<ul style="list-style-type: none"> Discuss Plans (A, B, C and D) with your team Nominate a timekeeper Can this patient be woken up if intubation fails? 	<ul style="list-style-type: none"> Optimise position of the head and neck Complete checklist

REMEMBER: successive attempts at intubation must have different personnel, position, or technique.
MAINTAIN: oxygenation, sedation and paralysis between each attempt.

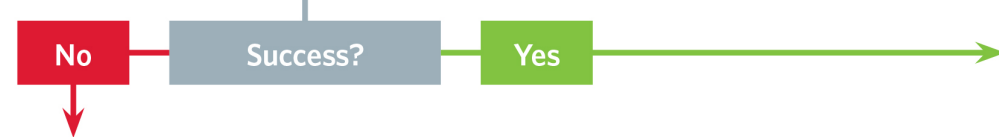
Anaesthetist	ext 52000
Operating Theatre	ext 52001
PICU	ext 52324
NICU	ext 52211
ED	ext 52169
MET	ext 2222

Plan A: Up to 3 intubation attempts	Pre-oxygenate. Sedate then paralyse. Remove collar and stabilise C-spine.		
	Perform video assisted direct laryngoscopy. If unable to see vocal cords:		
	Manipulate larynx	Remove cricoid pressure if applied	Consider bougie
If unable to oxygenate, go to plan B after a single intubation attempt. Proceed to Plan B if not successful within three minutes.			

To optimise oxygenation

- Correct mask size
- Oral guedel airway
- Two hands to hold mask

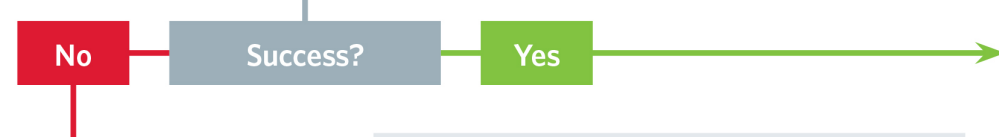
If still unable to oxygenate, remove guedel and insert laryngeal mask



Plan B: Insert laryngeal mask	Re-oxygenate. Check heart rate and blood pressure.		
	The best intubator in the hospital at the time to perform a final attempt at intubation		
	Get anaesthetist ext 52000	Prepare hyperangulated blade videolaryngoscope or flexible/fibreoptic scope	Revert to guedel if unable to ventilate
If unable to oxygenate, go to Plan D immediately. If intubation is unsuccessful, but can oxygenate, do not persist with further attempts, go to Plan C.			

Verify tracheal intubation

- Verify with capnography and visually
- If in cardiac arrest, capnography can be unreliable — double check visually
- If in doubt, take it out



Failed intubation with successful oxygenation

Failed Intubation and failed oxygenation with bradycardia (SpO2 <80%, or < 50% with cyanotic heart disease)

Plan C: Maintain oxygenation	Ventilate via face mask with guedel, or laryngeal mask
	Wake the patient if possible. Call ENT for urgent tracheostomy.

Plan D: Rescue cricothyroidotomy/tracheostomy	Revert to face mask with oral and nasopharyngeal airway
	Perform rescue cricothyroidotomy or tracheostomy.

Emergency airway plan. Endorsed by the Paediatric Improvement Collaborative.

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