


**ThinkAskLearn**  
Health Professional Education

**"We are just going to give  
your Dad a Trachy"  
The Difficult Airway**

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[www.thinkasklearn.com.au](http://www.thinkasklearn.com.au)



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**Where can things go wrong**

- Difficult face mask ventilation
  - inadequate mask seal, excessive gas leak,
  - excessive resistance with ventilation
- Difficult laryngoscopy
  - It is not possible to visualize any portion of the vocal cords after multiple attempts



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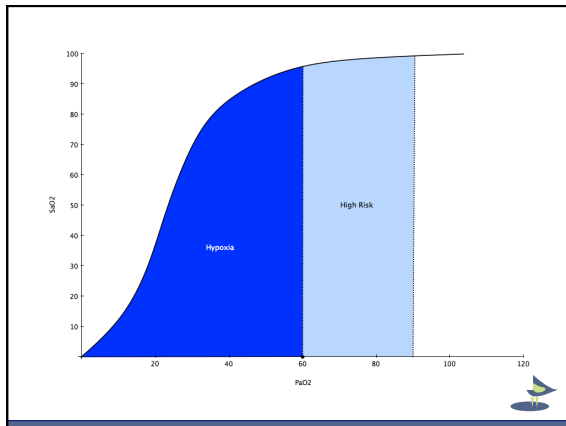
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### Ideas

- Checklists
- BLS - bag valve mask
- Positioning
- Oxygen sources
- Drug selection
- Technology change



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### Triple Manoeuvre



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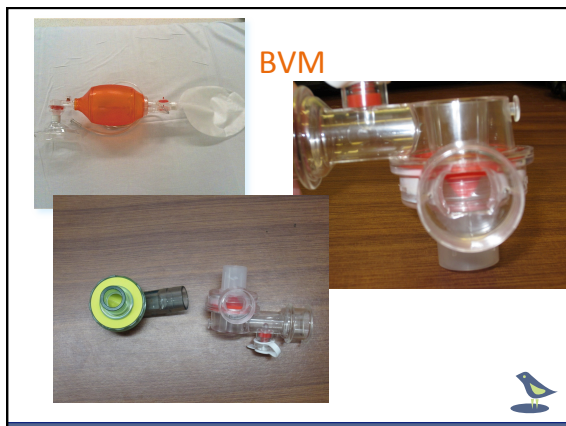
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CPAP/NIV for Preoxygenation

- Ballard et al 2006
- Similar Hypoxemic ICU patients - 57 pts total
- CPAP vs NRP 15 l/min 3 mins
- Preintubation sats 98% vs 93%
- During Intubation Sats 93% vs 81%
- 12 of control/2 NIV Sats below 80%
- 5 min post intubation 98% vs 94%



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### Apnoeic Diffusion

Taha et al 2006

4 big breaths/5l/min NP

Cutoff 95% SpO<sub>2</sub> or 6 mins

No desat for 6 min in NP group

Control group Avg 3.65 mins

Reproduced in Morbid obese groups



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### 20 degree head up position



- Elective cholecystectomy extra **103 seconds**  
SpO<sub>2</sub> of 95%
- BMI>35 extra 52 sec to SpO<sub>2</sub> of 90%



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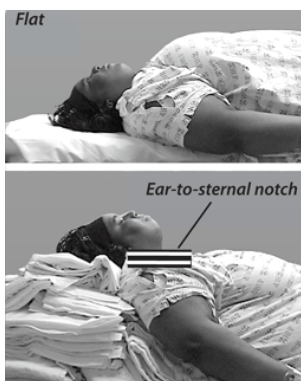
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### When should patients be bagged?

- Risk/Benefit
- Over ventilation is more likely with inexperienced stressed providers making the use of a **ventilator** preferable to provide ventilation in hypoxic patients



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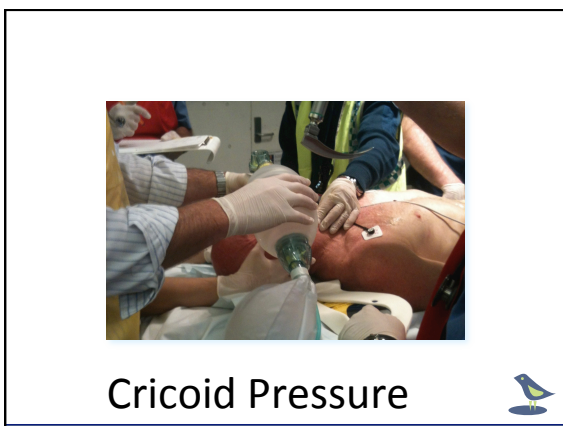
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Cricoid Pressure



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Cricoid Pressure



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Choice of Paralytic



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Karl-Storz C-Mac



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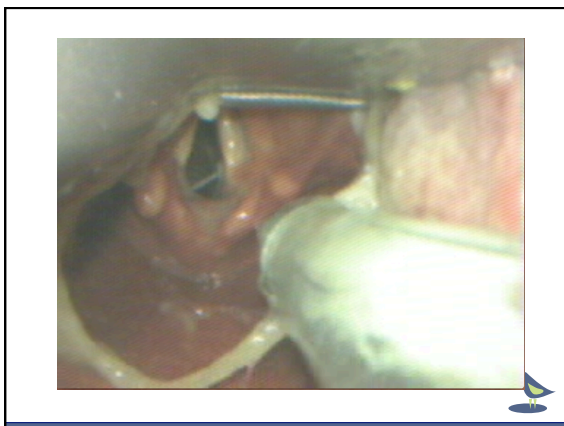
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### In Conclusion

- Have a plan/checklist
- 2 hands for BVM
- High Oxygenation – Best Source
- BiPAP may assist preoxygenation
- Position patient 20 degrees
- Use nasal prongs 15l/min to prevent hypoxia
- Avoid ventilations in apnoeic period
- Abandon cricoid pressure
- Consider Roc instead of Sux



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