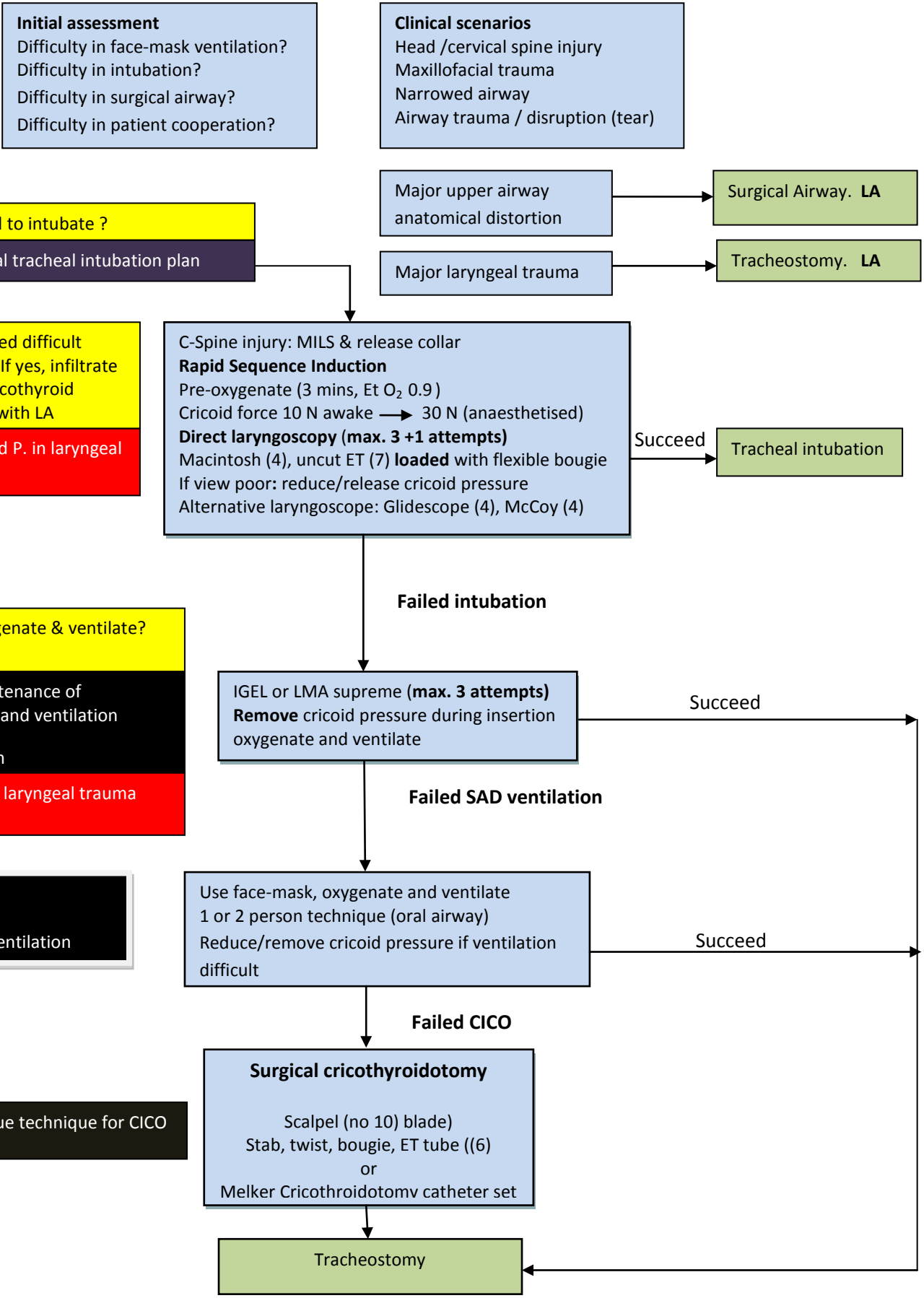


# DIFFICULT AIRWAY ALGORITHM (TRAUMA)



**Initial assessment**  
 Difficulty in face-mask ventilation?  
 Difficulty in intubation?  
 Difficulty in surgical airway?  
 Difficulty in patient cooperation?

**Clinical scenarios**  
 Head /cervical spine injury  
 Maxillofacial trauma  
 Narrowed airway  
 Airway trauma / disruption (tear)

**Q: Do I need to intubate ?**  
 Plan A: Initial tracheal intubation plan

Major upper airway anatomical distortion

Surgical Airway. LA

Major laryngeal trauma

Tracheostomy. LA

**Q: Anticipated difficult intubation? If yes, infiltrate skin over cricothyroid membrane with LA**  
 Avoid Cricoid P. in laryngeal trauma

C-Spine injury: MILS & release collar  
**Rapid Sequence Induction**  
 Pre-oxygenate (3 mins, Et O<sub>2</sub> 0.9)  
 Cricoid force 10 N awake → 30 N (anaesthetised)  
**Direct laryngoscopy (max. 3 +1 attempts)**  
 Macintosh (4), uncut ET (7) **loaded** with flexible bougie  
 If view poor: reduce/release cricoid pressure  
 Alternative laryngoscope: Glidescope (4), McCoy (4)

Succeed → Tracheal intubation

Failed intubation

**Q: Can I oxygenate & ventilate?**  
 Plan B: Maintenance of oxygenation and ventilation  
 SAD insertion  
 Avoid SAD in laryngeal trauma

IGEL or LMA supreme (max. 3 attempts)  
 Remove cricoid pressure during insertion  
 oxygenate and ventilate

Succeed → Tracheal intubation

Failed SAD ventilation

Plan C:  
 Face mask ventilation

Use face-mask, oxygenate and ventilate  
 1 or 2 person technique (oral airway)  
 Reduce/remove cricoid pressure if ventilation difficult

Succeed → Tracheal intubation

Failed CICO

Plan D: Rescue technique for CICO

**Surigical cricothyroidotomy**  
 Scalpel (no 10) blade  
 Stab, twist, bougie, ET tube ((6)  
 or  
 Melker Cricothroidotomy catheter set

Tracheostomy

The algorithm is intended to provide guidance in airway management; ET tube and laryngoscope blade sizes are suggested for securing the difficult airway urgently.

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