

Co-PILOT

Plan A: Facemask Ventilation and Tracheal Intubation

If the Anaesthetist experiences difficulty inserting ET Tube then propose some other equipment

Start timing length of apnoea

After 3 attempts at intubation, confirm that failed intubation has occurred and call for senior assistance. One more attempt can be made before moving to plan B

Apnoea duration before onset of hypoxia (given pre O₂)

8 min for healthy adults

Preinduction:

- Optimise position e.g. ramped device for obese

Propose:

- External laryngeal manipulation (BURP) or removal of cricoid pressure
- Change laryngoscope
 - Video laryngoscope
 - Long blade ± bougie
- Smaller tube
- Further neuromuscular blockade

Call for immediate help

Delegate a team member to get a Consultant Anaesthetist and specify FAILED INTUBATION (via switchboard or Anaesthetic dept, numbers below) and return with the difficult intubation trolley.

Plan B: Maintain Oxygenation

Insert 2nd generation supraglottic airway (SAD) and confirm successful ventilation and oxygenation

If insertion difficult a different size or device can be tried.

After 3 attempts confirm failed SAD ventilation and move to plan C

5 min for ill adults

Prepare 2nd generation SAD

Observe monitor and update the anaesthetist of any changes to patient parameters, especially SpO₂

If successful then Stop and Think!

- Wake the patient?
- Attempt intubation via the SAD using a fiberoptic scope and an Aintree catheter?
- Proceed with surgery using SAD?
- Prepare tracheostomy or cricothyroidotomy?

Plan C: Facemask Ventilation

Ensure adequate paralysis and move to facemask ventilation

If unsuccessful and SpO₂ dropping then confirm CICO "Can't intubate, Can't oxygenate" and move to plan D

Propose:

- 4-handed mask ventilation, i.e. two hands are used to apply the facemask and open the airway, with another pair of hands squeezing the bag
- Oral/Nasal Pharyngeal Airway

If successful, wake the patient

Plan D: Emergency Front of Neck Access

Scalpel Cricothyroidotomy: (DAS recommended)

- Cricothyroid membrane (CTM) palpable - 'Stab, Twist, Bougie, Tube'
- CTM not palpable - '10 cm vertical incision, Blunt dissection with fingers, Locate CTM, Stab, Twist, Bougie, Tube'

Cannula Cricothyroidotomy: only if trained within your institution

2½ min for obese adults

Patient positioning

Extend patient's neck with a pillow/roll under the shoulders or by pulling them up the trolley so that the head hangs over the top of the trolley

Prepare Equipment

- Scalpel (number 10 blade), bougie with coude tip, and cuffed tracheal tube (6.0mm)
- Appropriate cricothyroidotomy cannula and rescue oxygenation device