



8. Failed intubation

3 unsuccessful intubation attempts under optimal intubating conditions and video-laryngoscopic assistance

- ❶ Say **“This is a failed intubation”** and make explicit who is the “hands off leader”
- ❷ Say **“The priorities are oxygenation and avoiding airway trauma”**
- ❸ Call for help using **777 Anaesthetic/AIRWAY Emergency** and consider calling for general surgical or ENT assistance – **ENT/ORL registrar = 021 242 7571**
- ❹ Call the SMO intensivist
- ❺ Get difficult airway equipment **from the operating room** (yellow case)
- ❻ Can you ventilate through a supraglottic airway? *If “yes” then*
- ❼ If not then say **“This is failed supraglottic airway ventilation”**
- ❽ Reattempt bag-mask ventilation with optimal conditions including paralysis *If successful then*
- ❾ If unsuccessful, say **“This is a can’t intubate, can’t oxygenate situation”**

AIRWAY/ANAESTHETIC EMERGENCY 777 CALL

State “There is an airway emergency on the cardiovascular ICU – ward 48 in room number x”

STOP AND THINK

Options (consider risks and benefits)

1. Wake the patient up
2. Intubate trachea via alternative technique
3. Front-of-neck access

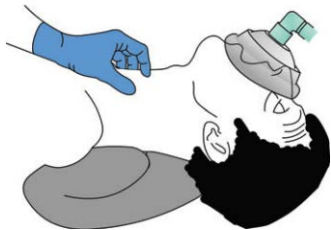
↓
Perform front-of-neck access

Additional Information:

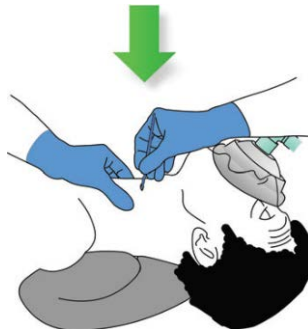
Reversal of rocuronium paralysis - sugammadex dose – 16mg/kg Nearest stock is in LEVEL 4 OR pharmacy room (under S)

Front-of-neck access – scalpel bougie cricothyroidotomy technique

Palpate anatomy



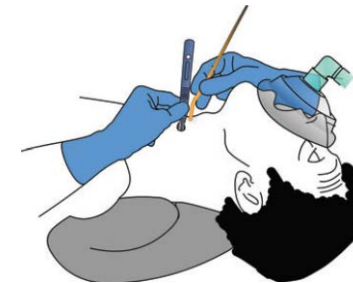
Transverse stab with
number 20 scalpel blade



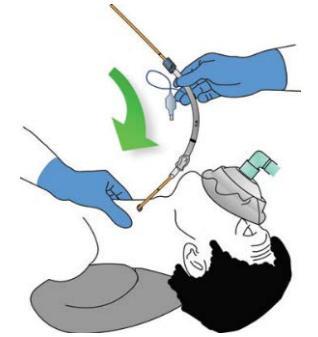
Rotate scalpel 90° and pull
scalpel towards you opening hole



Slide bougie along blade
into trachea



Railroad 6.0mm cuffed
tube over bougie



NB. If anatomy difficult, consider a vertical incision and blunt
dissect until identifiable anatomy is reached

Post-intubation care and follow-up

- Carefully plan extubation – Refer to the *Difficult Airway Society (DAS) difficult extubation guideline*
- Monitor for airway complications
- Complete airway alert form and critical incident monitoring report
- Explain to the patient (in person and in writing) and send written report to GP