



The Difficult Airway Course

DEFINITIONS

Crash Airway: A patient with a GCS of 9 or less or an AVPU score of “P” or “U”, an oxygen saturation of 92% or less, a respiratory rate of less than 10/min or greater than 30/min and has not responded to basic methods of ventilation.

Difficult Airway: Exam reveals anatomic or physiologic attributes likely to make airway management difficult.

Difficult Intubation: When multiple laryngoscopies, maneuvers and/or blades are needed by an experienced provider.

Failed BVM Ventilations: Unable to Bag Valve Mask Ventilate with 2 NPAs and 1 OPA, a mask seal utilizing a 2 handed technique with ventilation assistance.

Failed Intubation: Failure to intubate the trachea after multiple attempts, with or without hypoxemia.

ACRONYMS

BAAM: Beck Airway Airflow Monitor (a.k.a. Beck Whistle)

BURP: Backward Upward Rightward Pressure on the thyroid cartilage to increase laryngoscopic view

CMVCI: Cannot Mask Ventilate – Cannot Intubate

ELM: External Laryngeal Manipulation

MIAS: Manual Inline Axial Stabilization

AIRWAY ASSESSMENT TOOLS

Cormack-Lehane Grading: Method for grading the laryngeal view of the airway as seen with a laryngoscope to determine the difficulty of the intubation.

LEMON: Look externally, Evaluate 3-3-2 rule, Mallampati, Obstruction, Neck mobility

Mallampati Scale: Scoring system (1 - 4) which grades the view seen in the oral cavity with the conscious patient sitting upright, mouth open and tongue maximally protruding.

3-3-2 Rule: Scoring system in which fingers are used to measure anatomic features. **3** fingers between the teeth, **3** fingers from the tip of the jaw to the beginning of the neck and **2** fingers between the thyroid notch and the floor of the mandible.

6-D Assessment: Disproportion, Distortion, Decreased range of motion, Decreased thyro-mental distance, Decreased intercorisor gap, Dental overbite

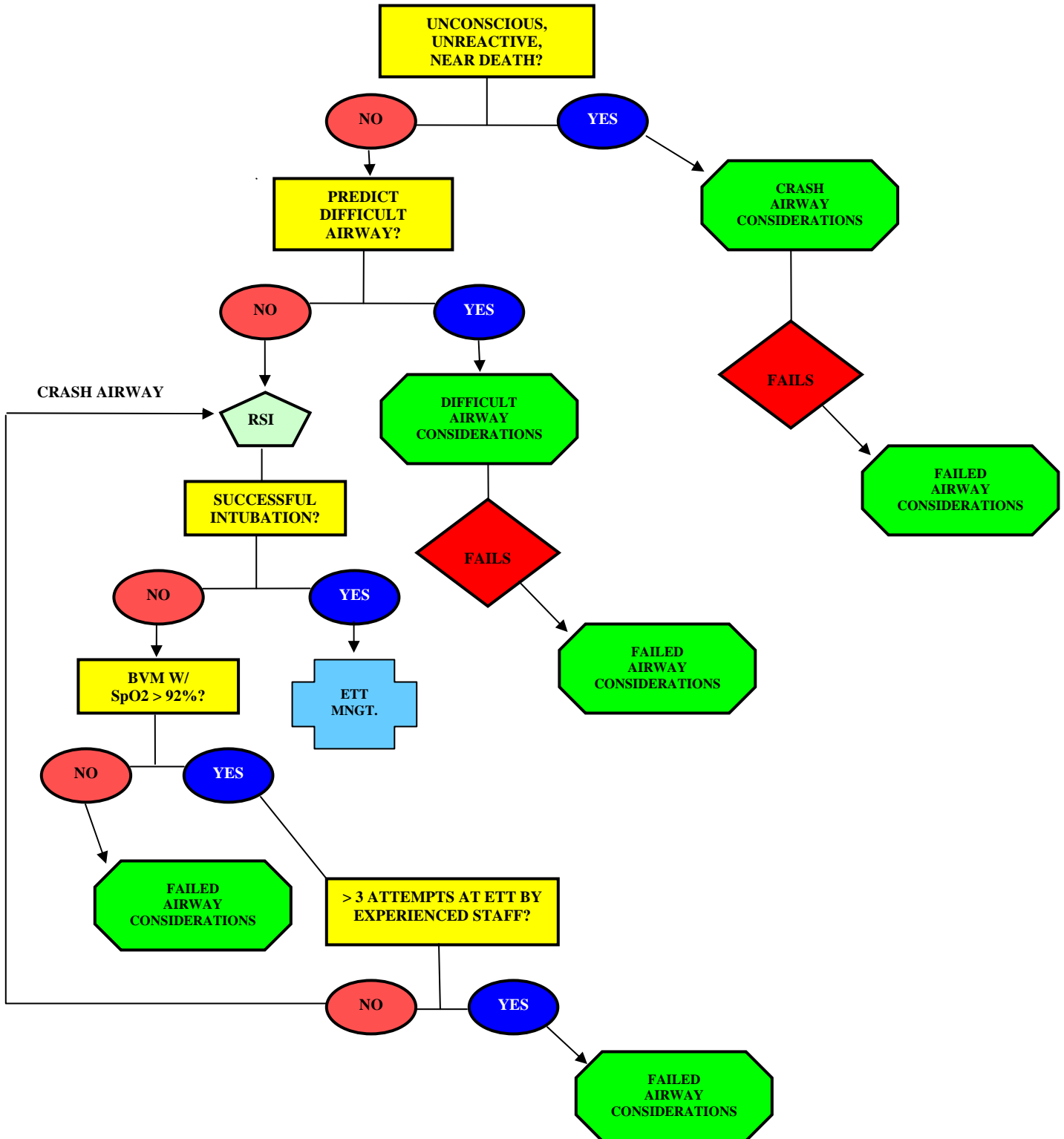
CONFIRMATION OF ETT PLACEMENT

Fail – Safe: ETT visualized between vocal cords, fiberoptic visualization of carina or cartilaginous rings.

Near Fail – Safe: Capnography, CO2 detection device, rapid inflation of esophageal detection device.

Non Fail – Safe: Breath sounds, absence of epigastric sounds/distention, chest rise/fall, condensation or BVM compliance.

Universal Emergency Airway Algorithm



Difficult Airway Considerations

- Awake intubation
- I – LMA (Intubating LMA)
- Nasotracheal
- Lightwand
- Fiberoptic (Shikani, Glidescope etc.)
- Lever Tip Laryngoscope (McCoy etc.)

Failed Airway/Rescue Ventilation

- Rescue Ventilations with BVM and 2 NPAs, 1 OPA and 2 handed seal
- Approved Supra-Glottic device
 - Combi-Tube
 - King LTS
 - LMA or I - LMA
- Surgical Airway if CMVCI event