AIDAA 2016 Guidelines for the Management of **Unanticipated Difficult Tracheal Intubation in Obstetrics**



STEP 1: Laryngoscopy and tracheal intubation

Unable to intubate at first attempt with direct/video laryngoscopy during modified rapid sequence induction

- Continue nasal oxygen using O, flow at 15 L/min
- One more attempt at intubation (only if SpO, ≥ 95%)
- Mask ventilation between attempts using gentle IPPV with APL valve closed to ≤ 20 cm H₂O
- Partial/complete release of cricoid pressure if mask ventilation is inadequate
- Optimise position, partial/complete release of cricoid pressure, external laryngeal manipulation to optimise view and use bougie / stylet if required
- Consider changing device/ technique/ operator between attempts
- Maintain depth of anaesthesia



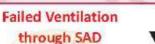
Confirm tracheal intubation using capnography

Failed Intubation



STEP 2: Insert SAD to maintain oxygenation

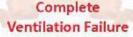
- Continue nasal oxygen using O, flow at 15 L/min
- Preferably use second generation SAD
- Remove cricoid pressure during insertion
- Maximum two attempts (only if SpO, ≥ 95%)
- Consider changing size or type of SAD
- Maintain depth of anaesthesia





STEP 3: Rescue face mask ventilation

- Continue nasal oxygen using O, flow at 15 L/min
- Ensure neuromuscular blockade
- Final attempt at face mask ventilation using optimal technique





CALL FOR **ADDITIONAL HELP**

STEP 4: Emergency cricothyroidotomy

- · Continue nasal oxygen using O, flow at 15 L/min and efforts at rescue face mask ventilation
- · Perform one of the following techniques
 - > Surgical cricothyroidotomy
 - > Wide bore cannula cricothyroidotomy
 - » Needle cricothyroidotomy (use pressure regulated jet ventilation and attempt to keep the upper airway patent)

Failed oxygenation



Advanced life support

Perimortem caesarean delivery

If situation deteriorates into maternal cardiac arrest, perform perimortem caesarean delivery within 4 minutes of cardiac arrest

This flow chart should be used in conjunction with the text

APL= Adjustable pressure limiting

FOB = Fibreoptic bronchoscope

IPPV = Intermittent positive pressure ventilation SpO₂ = Oxygen saturation

O,= Oxygen

SAD = Supraglottic airway device

Consider one of the following options:

- 1. Continue anaesthesia using SAD if considered essential
- 2. Intubate through the SAD if maternal safety dictates need using a FOB only, provided expertise is available
- 3. Consider awakening the mother if foetal and maternal conditions are

Succeed

Succeed

Consider one of the following options:

- 1. Continue anaesthesia if surgery is considered essential
- 2. Consider awakening the mother if foetal and maternal conditions are stable

Succeed

Post-procedure plan

- 1. Further airway management plan
- 2. Treat airway oedema if suspected
- 3. Monitor for complications
- 4. If mother has been awakened, proceed under central neuraxial block or general anaesthesia following awake fibreoptic intubation
- Counselling and documentation

