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

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

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

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

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.

Prepare 2nd generation SAD
Observe 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 fibreoptic scope and an Aintree catheter?
- Proceed with surgery using SAD?
- Prepare tracheostomy or cricothyroidotomy?

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

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

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