

Syllabus	AM_IK_09
Topic	Difficult intubation

A 50 year old, obese, male requires rapid sequence induction and intubation for laparoscopic appendicectomy. You have attempted intubation three times and your senior colleague has had a single attempt. All of these have failed.

a)

What would the next step in airway management be? (1 mark)

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Your next step is successful and you are able to oxygenate and ventilate the patient

b)

What 4 options should be considered moving forward? (4 marks)

1.

2.

3.

4.

c)

List 8 patient factors associated with difficult tracheal intubation (8 marks)

1.

2.

3.

4.

5.

6.

7.

8.

d)

Should emergency front of neck access (eFONA) be required, give 2 possible techniques for this (2 marks)

1.
2.

e)

Give 2 strategies highlighted by the National Audit Project (NAP) 4 to reduce the risk of a “can’t intubate, can’t oxygenate” scenario” (2 marks)

1.
2.

f)

Give 3 postoperative care measures that should be completed for any difficult airway encountered (3 marks)

1.
2.
3.

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	Answer	Mark	Guidance
a)	<ul style="list-style-type: none"> • Insertion of supraglottic airway device 	1 mark	
b)	<ul style="list-style-type: none"> • Wake the patient up • Intubate through the supraglottic airway device • Continue without tracheal intubation/continue with supraglottic airway device • Tracheostomy or cricothyroidotomy 	1 mark for each	
c)	<ul style="list-style-type: none"> • Previous difficult intubation • Arthritis <ul style="list-style-type: none"> - Rheumatoid arthritis - Ankylosing spondylitis • Infections <ul style="list-style-type: none"> - Dental abscess - Ludwig's angina - Epiglottitis - Croup • Tumours <ul style="list-style-type: none"> - Tongue - Larynx - Thyroid • Iatrogenic <ul style="list-style-type: none"> - Radiotherapy to mouth/neck - Previous airway surgery - Previous neck surgery e.g. fusion • Trauma <ul style="list-style-type: none"> - Unstable cervical spine fracture - Facial fractures - Airway oedema - Airway burns • Congenital <ul style="list-style-type: none"> - Pierre–Robin syndrome - Treacher Collins syndrome - Klippel–Feil syndrome - Down's syndrome - Goldenhar's syndrome • Obesity • Acromegaly 	1 mark for each point (Max. 8 marks)	

d)	<ul style="list-style-type: none"> • Surgical Tracheostomy/ Scalpel, bougie, tube. • Needle/cannula cricothyroidotomy. 	1 mark for each	
e)	<ul style="list-style-type: none"> • Assess the airway • Formulate a management strategy • Perform effective preoxygenation • Limiting number of attempts at intubation • Early decision making 	1 mark for each (Max. 2 marks)	
f)	<ul style="list-style-type: none"> • Formulate immediate airway management plan • Monitor for complications • Complete airway alert form • Provide verbal and written information to the patient • Send written report to GP and local database. 	1 mark for each (Max. 3 marks)	

References

1) Leslie D, Stacey M. Awake intubation. CEACCP (2015) 15(2)64-67

<https://doi.org/10.1093/bjaceaccp/mku015>

2) 4th National Audit Project of The Royal College of Anaesthetists and The Difficult Airway Society – Major complications of airway management in the UK – Full Report (2011). Pages 105-113

<https://www.nationalauditprojects.org.uk/downloads/NAP4%20Full%20Report.pdf>

3) Difficult Airway Society Guidelines for Management of Unanticipated Difficult Tracheal Intubation in Adults https://das.uk.com/guidelines/das_intubation_guidelines