



CHECKLIST

Difficult airway — plan A to D

Anticipated and unanticipated difficulty, including cannot intubate cannot oxygenate



EM Orbit

Patient reference

Date

Time

Completed by

Failure to plan for failure is what NAP4 found. Declare each step aloud; the priority is oxygenation, not the tube.

Anticipate

- ☐ Predict difficulty: LEMON (Look, Evaluate 3-3-2, Mallampati, Obstruction, Neck mobility) and MACOCHA in the critically ill
- ☐ **Anticipated difficult airway and time allows → awake technique, or double set-up with front-of-neck kit open and a second operator**
Call anaesthesia / ENT before starting.
- ☐ Optimise the first attempt: position, preoxygenation, apnoeic oxygenation, full paralysis, video laryngoscope, bougie, external laryngeal manipulation

Plan A — laryngoscopy

- ☐ **Maximum 3 attempts (a 4th only by a more experienced operator); change something between attempts**
Blade, position, operator, bougie, video.
- ☐ Maintain oxygenation between attempts with BVM; call for help at the first failed attempt

Plan B — supraglottic airway

- ☐ **Second-generation SGA (i-gel or LMA Supreme), maximum 3 attempts; oxygenate and reassess**
Options once oxygenating: wake the patient, intubate through the SGA with fiberoptic guidance, or proceed with the SGA.

Plan C — face-mask ventilation

- ☐ **Two-person BVM, oral and nasal airways, full paralysis (give rocuronium if not already paralysed)**
If oxygenation is possible, stop and rethink: wake, or proceed to a definitive plan.

Plan D — cannot intubate, cannot oxygenate

- ☐ **DECLARE CICO aloud. Scalpel-bougie-tube cricothyroidotomy: extend the neck, laryngeal handshake, transverse stab through the cricothyroid membrane, bougie, size 6.0 cuffed tube**
Do not delay for a further SGA or laryngoscopy attempt. Confirm with capnography.
- ☐ **Impalpable membrane: 8–10 cm vertical midline incision, blunt dissection with fingers to the larynx, then proceed as above**
- ☐ **After: ENT / anaesthesia review, CXR, document, debrief the team**

Children under 8–10 years: needle cricothyroidotomy with jet oxygenation is the recommended rescue; surgical technique in older children. · Burns and angio-oedema: intubate early while it is still possible.



A drafted aid to memory, awaiting senior review. It does not replace your local protocol or your clinical judgement. Source: DAS 2015 · Vortex approach.
EM Orbit · Emergency medicine, in one orbit · difficult-airway · red rows are the steps that must not be missed