DO NOT FORGET · THE SHORT CHECKLIST



# Basic airway management

Opening, clearing and maintaining the airway with simple manoeuvres, adjuncts, bag-mask ventilation and a supraglottic airway, as a bridge to recovery or a definitive airway.

EM Orbit

| Patient reference | Date | Time | Completed by |
|---|---|---|---|
| | | | |

## The 4 steps that must not be missed

- [ ] BEFORE

**If cervical spine injury is suspected, do not use head tilt; open the airway with jaw thrust and maintain manual in-line stabilisation**

If jaw thrust fails to open the airway, a small amount of head tilt is acceptable: the airway takes priority.

- [ ] DURING

**Do not perform blind finger sweeps; remove a foreign body only if it is visible**

Use Magill forceps under direct laryngoscopy for a visible foreign body.

- [ ] DURING

**Remove the oropharyngeal airway if the patient gags or strains; do not force it**

Gagging can provoke vomiting and laryngospasm.

- [ ] DURING

**If you cannot oxygenate by face mask, supraglottic airway or intubation, declare a can't-intubate-can't-oxygenate emergency and proceed to front-of-neck access**

Follow the difficult airway guidance; see the surgical airway procedure.



The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement.