

Failed Airway Pathway (ABC)

Assess airway & confirm intubation strategy (Plan ABC) with team
Alert backup & consider Non-Paralyzed Technique for High/Very High Risk Airway

Plan A

Laryngoscopy

Video (VL) or Direct (DL)

If **unsuccessful**, attempt:

- Bougie
- Change VL/ DL Blades, Positions, Operators
- External Laryngeal Manipulation (BURP)

Max 3 Attempts

If Sat < 90% - Re-Oxygenate with **1-3 Person BVM**

Call for Assistance - ED & Anesthesia

Plan B

Supraglottic Airway

LMA or King

If **unsuccessful**, attempt:

- Change SGA size or type (LMA <-> King)
- If adequate ventilation/oxygenation:
- 1) Give Long acting paralytics w/ deep sedation
 - 2) Decompress stomach (Gastric assess on SGA)
 - 3) Intubate via SGA* – Fiberoptic > Bougie > 'Blind'

Max 3 Attempts

FAILURE OF VENTILATION or Sat < 80%

Re-Oxygenate with 1-3 Person BVM &

- Other attempt to secure airway (if sat > 85%) &
- **Prepare** for Cricothyrotomy

Plan C

Cricothyrotomy*

- **Surgical** – Scalpel, Finger, Bougie, Tube (6.0 ETT)
- **Percutaneous (Warning: Higher Failure Rates)**
 - Needle with BVM (Peds < 10 y/o)

1-3 Person BVM - Each Step (Best Practice)

- Optimize positioning (torso >30, Ear-Notch, 2 hand Jaw Thrust)
- Oral airway (OPA) prn **and** bilateral Nasal Trumpets (NPA) prn
- Cricoid Pressure (3rd Person)
- PEEP 5-15cm (keep NC at >15LPM to establish true CPAP) prn