



ANZCA  
FPM

# Cognitive Aid

## Airway Assessment & Planning

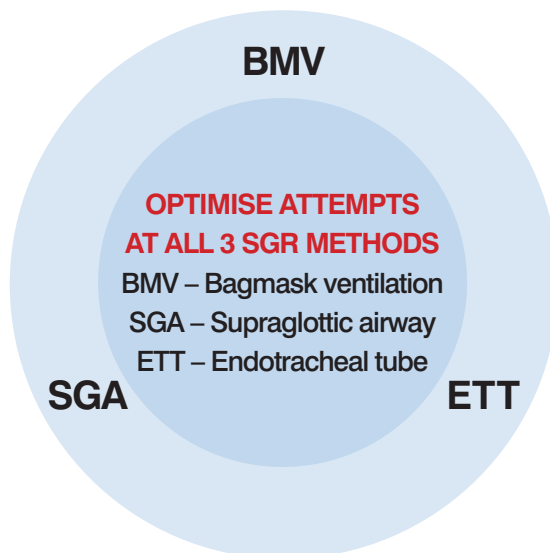
Brief team and prepare for rescue techniques



Optimise head and neck positioning  
Optimise oxygenation  
(apnoeic and pre-oxygenation)

## General Anaesthesia or LOC

### SGR Supraglottic Rescue



1st SGR Method FAILED

1/3

CALL FOR HELP

2nd SGR Method FAILED

2/3

PREPARE FOR FONA

3rd SGR Method FAILED

3/3

DECLARE CICO

**CICO** Failed ETT (max 3), SGA (max 2), BMV, SaO<sub>2</sub> < 90%

### FONA Front of Neck Access

**PREPARE**

IF ANYONE IS CONCERNED SPEAK UP

WAKE PATIENT UP IF POSSIBLE

# Supplementary information

## Airway assessment and planning

1. Is there a history of difficult intubation?
2. Does the surgery affect the airway?
3. Are there predictors of difficulty with intubation?
4. Are there predictors of difficult bag mask ventilation?
5. Are there predictors of difficult supraglottic airway device efficacy?
6. Are there predictors of difficult cricothyroidotomy?
7. What are the cardiorespiratory reserves?
8. Is there an aspiration risk?
9. Is there an extubation risk?

**Consider awake intubation, alternate or regional techniques, postponing or cancelling the case if there is a high risk of a difficult airway.**

The most common surgical & nonsurgical risk factors mentioned in the coroners' reports are: airway infection, congenital abnormalities, malignancy and trauma.

## Optimise **SGR** methods

### General

- Optimise head and body position
- Consider muscle relaxation

### **SGR-BMV** (Bag-Mask Ventilation)

- 2 person technique
- Oro/nasal pharyngeal airway

### **SGR-SGA** (Supraglottic Airway)

- Alternative type or size

**UP TO 2 ATTEMPTS**

### **SGR-ETT** (Endotracheal Tube)

- Remove dentures
- Use external laryngeal manipulation
- Adjuvant device: Stylet or Bougie
- Consider alternative blade or size
- Consider videolaryngoscope: Macintosh type or Hyper-angulated type (channeled device or with stylet ETT)
- Consider bronchoscopic techniques

**UP TO 3 ATTEMPTS**

#### Call for help

Seek assistance from other critical care specialists surgeons and nursing staff.

**"If anyone has a concern, speak-up!"**

All team members should be enabled to raise concerns. Encourage and accept assertiveness.

#### Declare CICO

Declare CICO ("This is a CICO situation") and initiate FONA if all three of the SGR methods have been unsuccessfully attempted and waking the patient is not possible.

#### FONA methods

Oxygenation via percutaneous cannula or surgical airway techniques.

**Document in patient record, and issue airway alert letter**