

# PROMOTING SAFER PAEDIATRIC EMERGENCY AIRWAYS



## WHY FOCUS ON PAEDIAITRIC EMERGENCY AIRWAYS?

Securing the airway for ventilation and oxygenation of a critically unwell child can be **life saving**.

Difficult airways in children are rare and can usually be **anticipated** in advance.

Without a systematic planned multi-disciplinary team approach to Paediatric emergency airways, unanticipated complications can be **disastrous**.



Deteriorating Child Requiring Emergency Airway

Emergency Airway Assessment

Use Safety Checklist !!

Normal Airway?

Yes

Proceed  
If difficulty use DAS algorithms (below)

No

Oxygenation is most important!

Facilities & Expertise Available?

Yes

Proceed  
Videolaryngoscope if available

No

Capnography  
no trace = wrong place

Emergency?

Yes

Proceed  
Involve ENT

No

STOP - Refer for Specialist Care



## DIFFICULT AIRWAY SOCIETY D.A.S ALGORITHMS

### Difficult Mask Ventilation

Give 100% oxygen and call for expert help

Step A - Optimise head & neck position

Step B - Insert oropharyngeal airway

Step C - Insert SAD (e.g. LMA)



### Difficult Tracheal Intubation

Give 100% oxygen and call for expert help

Step A - [initial intubation plan](#)

Optimise position, laryngoscopy technique, external laryngeal manipulation, paralysis, and consider videolaryngoscopy, bougie and smaller ETT

Step B - [Secondary intubation plan](#)

SAD (e.g. LMA), oxygenate and ventilate. Consider reversal agents if possible. Manage gastric distension. If failed ventilation and oxygenation, declare "Cannot Intubate Cannot Ventilate" (CICV) scenario



### Cannot Intubate and Cannot Ventilate

Give 100% oxygen and call for expert help

Call for Specialist ENT assistance

Step A - Attempt oxygenation and ventilation

Step B - Consider waking up if SpO2 > 80%

Step C - Perform airway rescue techniques



## IMPORTANT PRINCIPLES OF PAEDIATRIC EMERGENCY AIRWAYS

- Seek most senior help and expertise
- Anticipate difficulties and instability
- Always use pre-intubation safety checklists
- Oxygenation is MOST important
- Use muscle relaxants
- Ensure cardiovascular stability
- CO2 - "No trace = Wrong place"
- Avoid repeat attempts and airway trauma
- Keep stomach decompressed throughout



## STPN EMERGENCY AIRWAY GUIDELINES

Visit online for guidelines including: **intubation checklist**, **kit-dump template**, **pre-transport stabilisation** and **emergency CICV** and **FONA** (Front of Neck Access) guidance

