

PROMOTING SAFER PAEDIATRIC EMERGENCY AIRWAYS



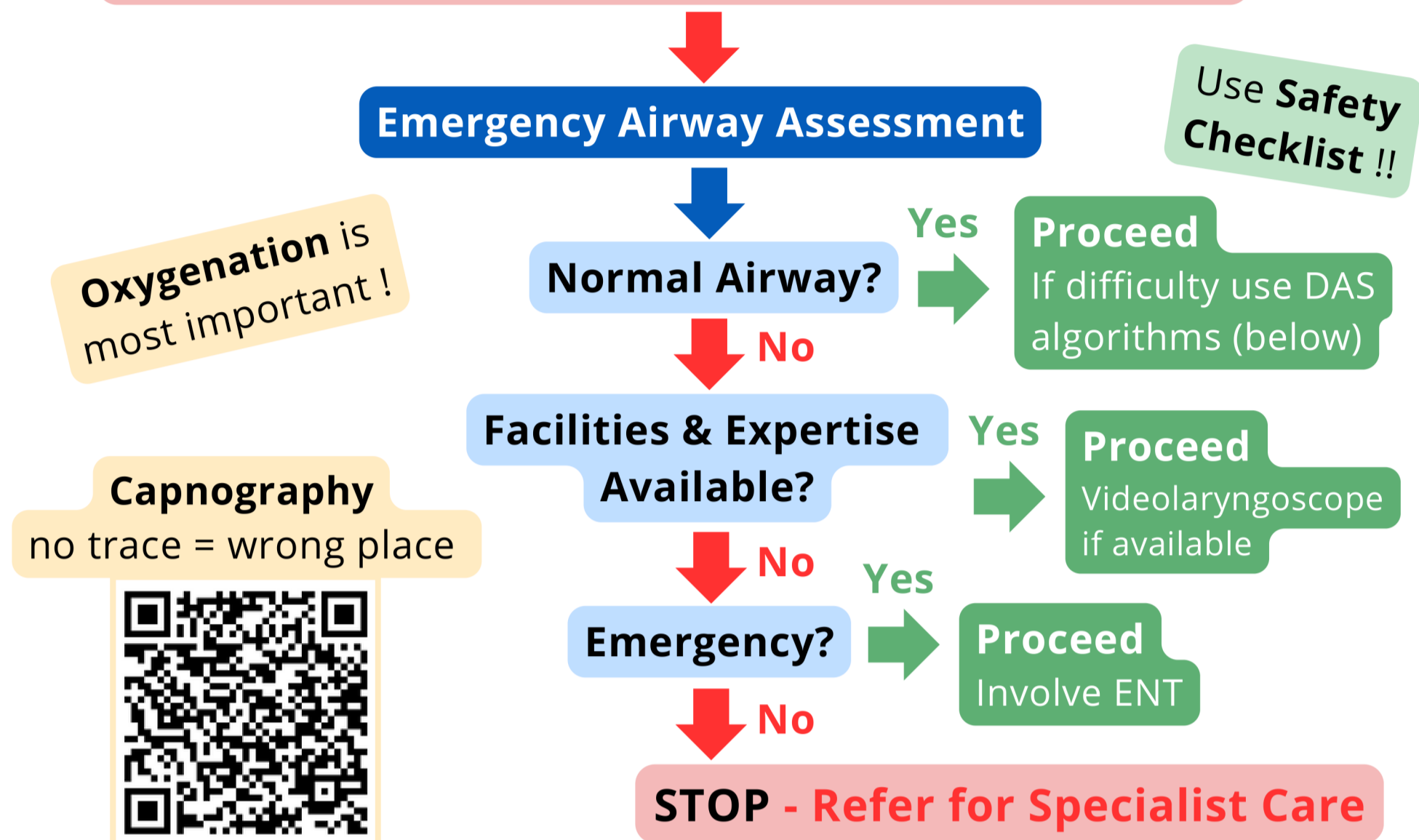
WHY FOCUS ON PAEDIATRIC EMERGENCY AIRWAYS?

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



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

