TEAM

1. Notify senior ED doctor
2. Verbalise indication for intubation
3. Allocate roles
4. Confirm intubation plan*
   - A. Initial tracheal intubation attempts × 3
   - B. Final tracheal intubation attempt
   - C. Rescue plan to maintain oxygenation
   - D. Rescue plan for front of neck access
5. Assign lead for post-intubation debrief

* see Emergency Intubation Algorithm

PATIENT

1. Optimise **haemodynamics**, consider:
   - Fluid bolus
   - Inotrope/vasopressor
   - Bolus dose vasopressor drawn up
2. Optimise **pre-oxygenation**, consider:
   - 100% FiO_2
   - PEEP via t-piece
   - Apnoeic oxygenation (NP) 2 L/kg/min (15L/min)
   - Elevate head of bed
3. Optimise **position**, consider:
   - <1 year: towel/trauma mat under shoulders
   - >8 years: towel/pillow under head

If any difficulties anticipated
CALL FOR HELP

IV DRUGS MONITORS

1. IV access functioning
2. Intubation drugs/dose chosen and drawn up
3. Cardiac monitoring
4. BP (2 minute cycle)
5. SpO_2
6. $EtCO_2$
7. Post intubation sedation drawn up

EQUIPMENT

1. T-piece/face mask checked for leak
2. Suction functioning (yankauer and flexible)
3. Airway equipment template complete
4. Glidescope at bedside/turned on

Emergency pre-intubation checklist. Endorsed by the Paediatric Improvement Collaborative.

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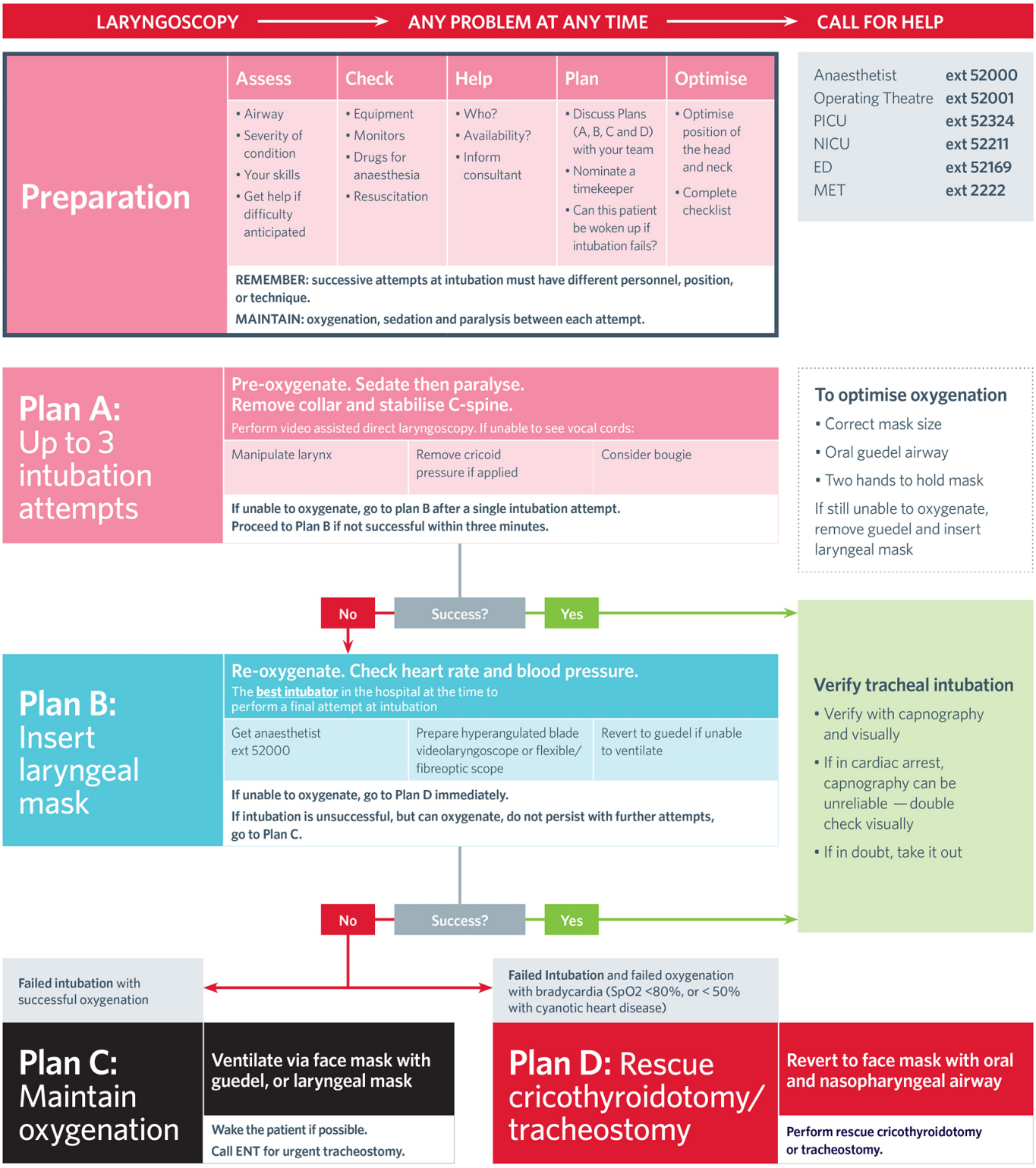
https://www.rch.org.au/clinicalguide/guideline_index/Emergency_airway_management/



Emergency airway plan. Endorsed by the Paediatric Improvement Collaborative.

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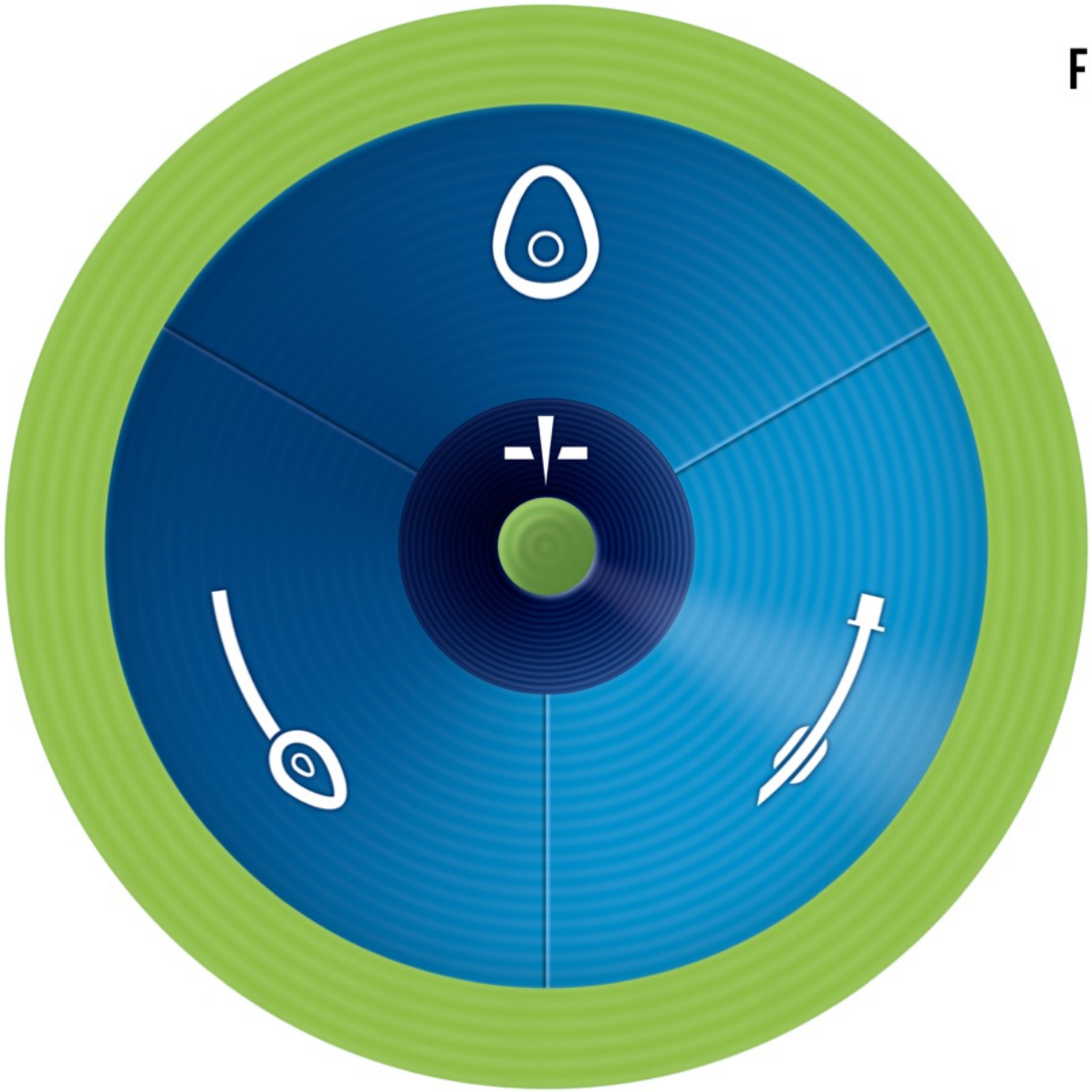
THE VORTEX



FOR EACH LIFELINE CONSIDER:

MANIPULATIONS:

- HEAD & NECK
- LARYNX
- DEVICE

ADJUNCTS

SIZE / TYPE

SUCTION / O_2 FLOW

MUSCLE TONE

MAXIMUM THREE ATTEMPTS AT EACH LIFELINE (UNLESS GAMECHANGER)
AT LEAST ONE ATTEMPT SHOULD BE BY MOST EXPERIENCED CLINICIAN
CICO STATUS ESCALATES WITH UNSUCCESSFUL BEST EFFORT AT ANY LIFELINE OR WITH UNSUCCESSFUL ATTEMPTS AT ANY TWO CONSECUTIVE LIFELINES

VortexApproach.org

Emergency Intubation

USE IN CONJUNCTION WITH BASIC LIFE SUPPORT GUIDELINES. SEE RCH AIRWAY MANAGEMENT CLINICAL PRACTICE GUIDELINES.

The Royal Children's Hospital Melbourne

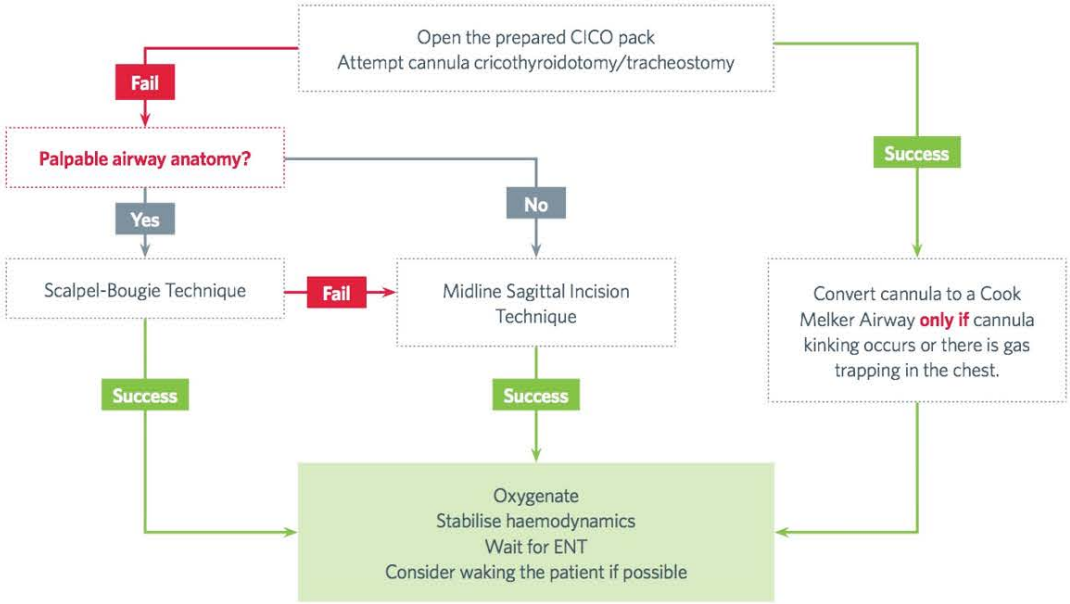
Anaesthesia, PICU, NICU, and Emergency

Plan D: RESCUE CRICOTHYROIDOTOMY/TRACHEOSTOMY

CAN'T INTUBATE, CAN'T OXYGENATE

Perform IF:

1. Child anaesthetised/unconscious with GCS < 8
2. Unable to intubate patient
3. Unable to oxygenate/ventilate patient with either a guedel airway, a laryngeal mask airway, or a two person ventilation technique
4. Oxygen saturation is <80% (< 50% with cyanotic heart disease) with bradycardia
5. No reversible cause (e.g. laryngospasm) and cricoid pressure has been removed
6. Child cannot be woken up



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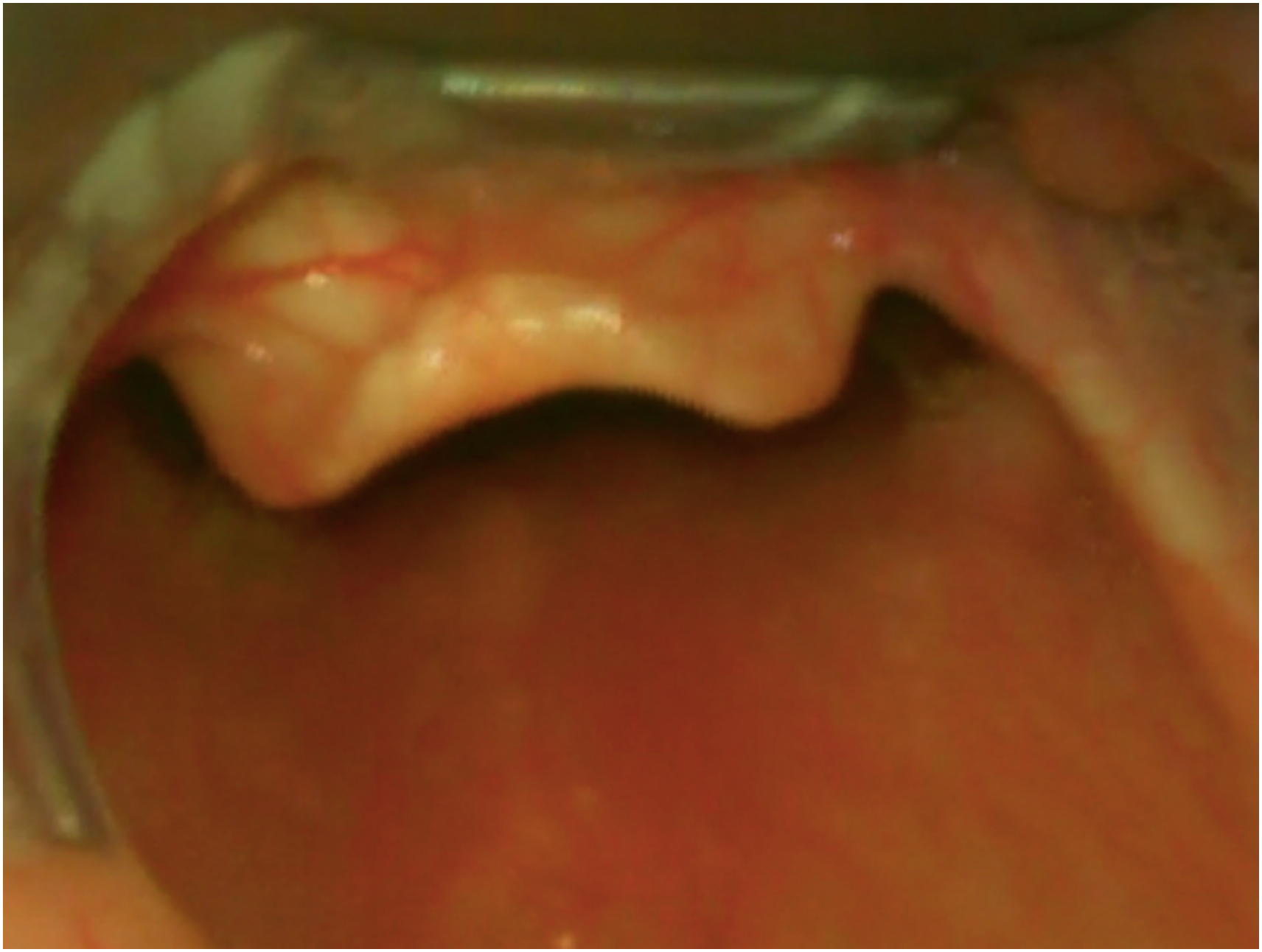

Grade 3 larynx, Epiglottis only

Grade 4 larynx, no structures visualized


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