**Unanticipated difficult tracheal intubation – during routine induction of anaesthesia in a child aged 1 to 8 years**

### Step A Initial tracheal intubation plan when mask ventilation is satisfactory

**Difficult direct laryngoscopy** → **Give 100% oxygen and maintain anaesthesia** → **Call for help**

**Direct laryngoscopy – not > 4 attempts**
- Check:
  - Neck flexion and head extension
  - Laryngoscopy technique
  - External laryngeal manipulation – remove or adjust
  - Vocal cords open and immobile (adequate paralysis)
  - If poor view – consider bougie, straight blade laryngoscope* and/or smaller ETT

If intubation fails with good oxygenation, proceed as follows:

**Failed intubation with good oxygenation** → **Tracheal intubation**

**Verify ETT position**
- Capnography
- Visual if possible
- Auscultation
- If ETT too small consider using throat pack and tie to ETT
- If in doubt, take ETT out

### Step B Secondary tracheal intubation plan

**Failed intubation with good oxygenation**

**Postpone surgery** → **Wake up patient**

- **Safe**
  - Proceed with surgery

- **Unsafe**
  - **Unsafe**
  - **Safe**
  - **Safe**

**Failed oxygenation e.g. \( \text{SpO}_2 < 90\% \) with \( \text{FiO}_2 1.0 \)**

- **Convert to face mask**
- **Optimise head position**
- **Oxygenate and ventilate**
- Ventilate using two person bag mask technique, CPAP and oropharyngeal airway
- Manage gastric distension with OG/NG tube
- Reverse non-depolarising relaxant

If ventilation and oxygenation fails, consider:
- **Failed ventilation and oxygenation** → **Failed intubation via SAD (e.g. LMA™)** → **Go to scenario cannot intubate cannot ventilate (CICV)**

**Consider modifying anaesthesia and surgery plan**
- **Consider 1 attempt at FOI via SAD (e.g. LMA™)**
  - Verify intubation, leave SAD (e.g. LMA™) in place and proceed with surgery

**Consider 1 attempt at FOI via SAD (e.g. LMA™)** → **Succeed**

- **Safe**
  - **Safe**
  - **Safe**

- **Unsafe**
  - **Unsafe**
  - **Unsafe**

**Following intubation attempts, consider**
- Trauma to the airway
- Extubation in a controlled setting

*Consider using indirect laryngoscope if experienced in their use

**SAD = supraglottic airway device**