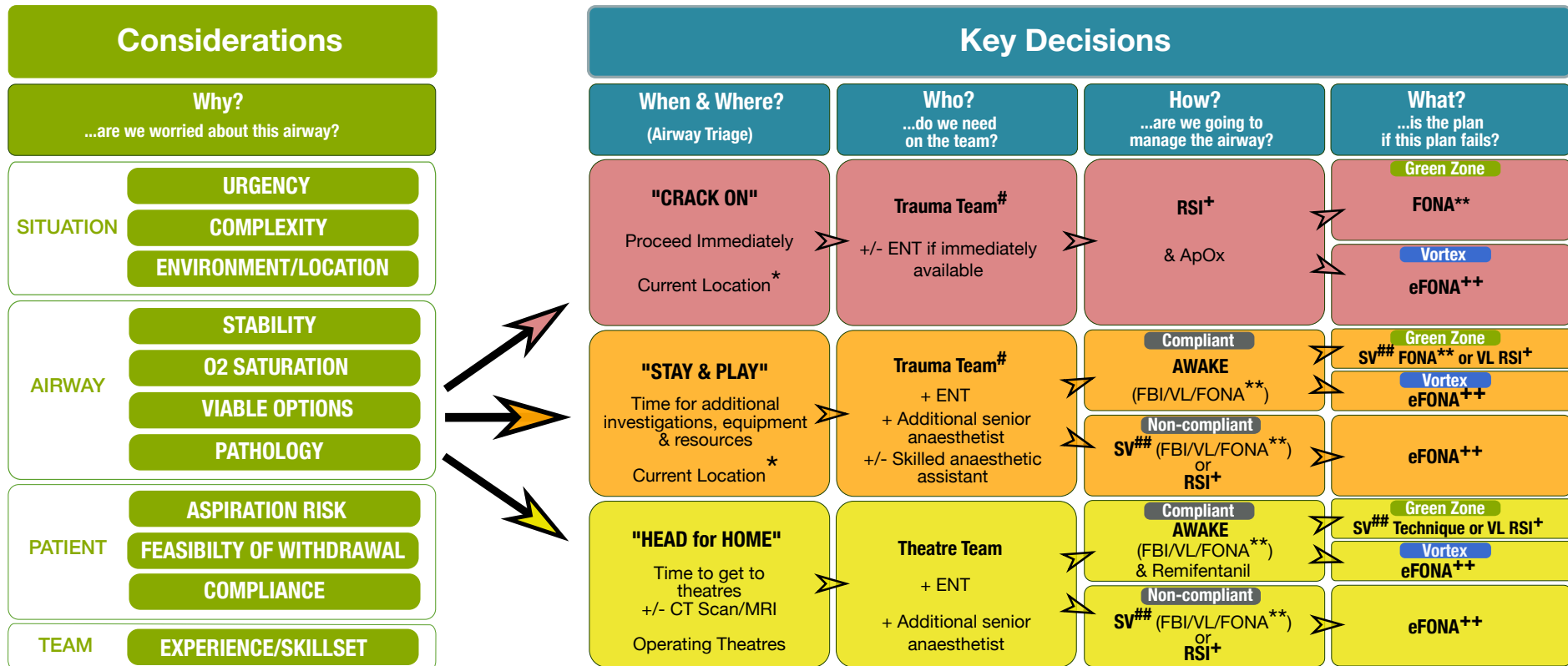


# Threatened Airway Planning Tool



## Key to symbols

- \* Current location will often be the emergency department but may be the ward or other care location within the hospital
- # Other locations (e.g. the ward) may involve different teams such as the rapid response or medical emergency team
- + In airway trauma where the risk of airway disruption is high, a FOI-assisted VL RSI technique should be utilised providing a bronchoscope is available at point-of-care, or there is time to get one to the location. See Mercer et al, 2016 for description of technique
- \*\* The pharmacological method used to maintain spontaneous ventilation will depend on the location & clinician familiarity with technique. In ED a dissociative dose of Ketamine is recommended (Kovacs et al, 2018) while in the OT the use of target-controlled-infusion of Propofol has been used effectively to maintain SV in patients with stridor (Booth et al 2017)
- ### The site of the attempted Front of Neck Airway (cricothyroidotomy vs tracheostomy) will depend upon location of airway pathology
- ++ CICO Status should be at "SET" at time of induction - i.e. the "double setup" with kit out & CICO Rescue role allocated

## Glossary of Abbreviations

- ENT: Ear, nose & throat surgeon, or equivalent
- VL: Videolaryngoscope
- RSI: Rapid Sequence Induction
- ApOx: Apnoeic oxygenation
- FBI: Flexible bronchoscopic intubation
- FONA: Any "front-of-neck airway" technique performed in non-time-critical situation
- SV: Spontaneous ventilation
- Green Zone: Incorporated from "The Vortex Approach", refers to situation where alveolar oxygen delivery is adequate
- Vortex: Incorporated from "The Vortex Approach", refers to situation where alveolar oxygen delivery is inadequate or impossible
- eFONA: Any "front-of-neck airway" technique performed in a time critical situation