

Difficult MV

Give 100% oxygen

Call for help

Step A Optimise head position

Check equipment

Depth of anaesthesia

Consider:

- Adjusting chin lift/jaw thrust
- Inserting shoulder roll if <2 years
- Neutral head position if >2 years
- Adjusting cricoid pressure if used
- Ventilating using two person bag mask technique

Consider changing:

- Circuit
- Mask
- Connectors

If equipment failure is suspected, change to self-inflating bag and isolate from anaesthetic machine promptly

Consider deepening anaesthesia
Use CPAP

Step B Insert oropharyngeal airway

Call for help again if not arrived

Assess for cause of difficult mask ventilation

- Light anaesthesia
- Laryngospasm
- Gastric distension – pass OG/NG tube

Maintain anaesthesia/CPAP

Deepen anaesthesia (Propofol first line)

- If relaxant given – intubate
- If intubation not successful, go to unanticipated difficult tracheal intubation algorithm

Step C Second-line: Insert SAD (e.g. LMA™)

- Insert SAD (e.g. LMA™) – **not > 3 attempts**
- Consider nasopharyngeal airway
- Release cricoid pressure

Good airway

Yes

Continue

No

SpO₂ >80%

Consider:

- SAD (e.g. LMA™) malposition/blockage
- Equipment malfunction
- Bronchospasm
- Pneumothorax

Wake up patient

Succeed

Proceed

Attempt intubation