

Can't intubate can't ventilate scenario:

A 27 year old male presents for emergency appendicectomy. He is well barring abdominal symptoms, and has no relevant past medical history. At the preoperative assessment visit by the SHO his Mallampati score is assessed as 2, and his cervical spine is fully mobile. Calder score is B.

RSI is planned using thiopentone, cricoid pressure, suxamethonium followed by tracheal intubation. Unfortunately, the SHO forgets to turn on the oxygen when preoxygenating the patient. Induction and cricoid pressure take place but direct laryngoscopy shows the SHO no recognisable structures, the saturation falls rapidly from 97% to 80% The SHO calls for help from the adjacent theatre: you arrive to find...

- SHO attempting to BMV with Guedel/nasal airway in situ
- ODP applying cricoid pressure
- Patient obviously cyanosed
- SaO₂ on monitor 40%
- ECG showing ST 120 but slowing as you look
- EtCO₂ trace not seen
- NIBP (3 minutes ago) 120/70

1. What do you want to do first?

Acceptable answers include: Take over BMV and check only O₂ is flowing
Feel pulse
Call crash team/assistance
Get difficult airway trolley
Ask ODP to gradually release cricoid pressure
Attempt direct laryngoscopy

- Pulse is palpable and regular, still slowing
- BMV is impossible and SaO₂ is now unrecordable
- Crash team en route
- Direct laryngoscopy is impossible due to muscle tone

2. What do you want to do now?

Acceptable answers include: Ask ODP to gradually release cricoid pressure
Insert LMA
Give atropine (minimum 600mcg-3mg ideal)
Call crash team

- No improvement when cricoid is fully released
- LMA leaks
- HR now 35
- The patient's colour is now blue-black

- **Crash team still en route**

3. What do you do now?

**Acceptable answers include: Call crash team (if not already done)
Perform cricothyrotomy
Give atropine if not already done**

If cricothyrotomy is not mentioned then the pulse will be impalpable and less than 20: Candidate should initiate or instruct initiation of BLS

Cricothyrotomy trainer:

- **Lead candidate to trainer/sheep larynx trachea**
- **Present cricothyrotomy kit**
- **Ask candidate to demonstrate cricothyrotomy**
- **Ask to demonstrate set up for Jet ventilator if requested**
- **If jet not requested ask how oxygenation is to be performed**
- **Any technique taking more than 30 seconds to set up will result in PEA/asystolic arrest.**

Kit required (laminated sheet)

- **Cric simulator or sheep larynx**
- **Cric kits (type to be determined)**
- **Table**
- **Venflons/Abvocaths**
- **Green tubing**
- **Scissors**
- **Three way taps**
- **Manujet**
- **20ml syringe x2**
- **ET tube**
- **Ambu bag**
- **Atropine syringe/minjets**
- **LMA, laryngoscope, nasopharyngeal airway, ETT**
- **ALS algorithm on wall**