EdWISE

# Structured approach and Basic Airway Management

Airway module A1

This project was possible due to funding made available by Health Workforce Australia

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# Introductions

# General Aims

- Learn in a team setting
- Clinical skills blended with team skills
- Critically reflect on practice

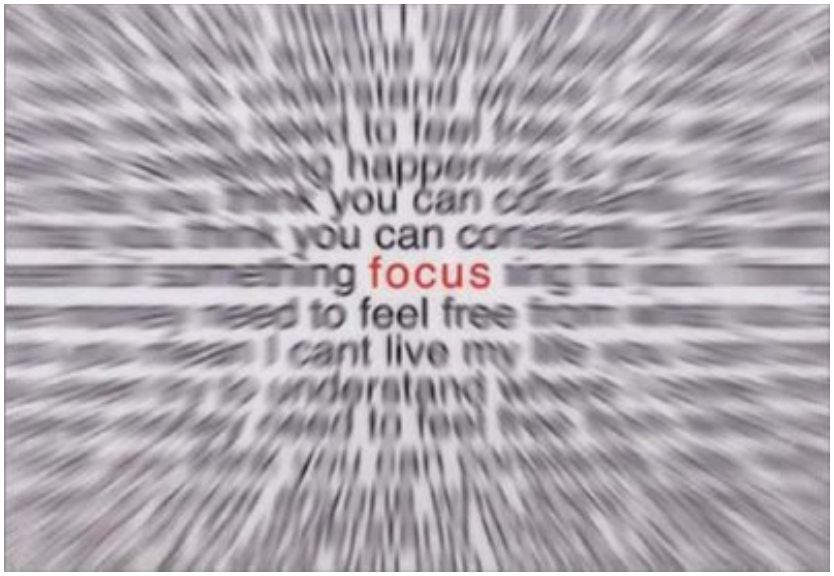
# Ground Rules

- Participation
- Privacy
- Confidentiality
- Disclaimer
- Debriefing
- Mobile phones

# Objectives

- To understand the importance of a structured approach to the airway in the emergency department
- To develop an approach to assessment of the airway
- To consider the options of management of the emergency department airway
- To rehearse the use of simple airway manoeuvres in airway management
- To develop an understanding of airway adjuncts

# Patients don't die from failure to intubate……they die from failure to oxygenate.




DON'T GET FIXATED ON THE PLASTIC

# Airways in an Emergency

- Multiple factors increase complexity
  - Blood /fluid /secretions
  - Not Fasted
  - Unstable haemodynamics
  - Underlying pathology impairs preoxygenation / positioning / anatomy
- By definition, is difficult
- Different to elective anaesthesia where full assessment can be done pre-ETT
- Unlike elective anaesthesia, may not have the option of waking patient and postponing procedure
- Must have an exit strategy or plan B

# Assessment of the Airway

- Focused History and Examination
  - Maintain Patent airway
  - Protect airway from aspiration
  - Adequacy of Ventilation and Oxygenation
  - Anticipation of loss of the above
- Assessment for Difficulty
- C-Spine Protection
- Available Skills for safe airway management

# How do you know if there is adequate ventilation

**Look**

For chest rise and fall.

At the skin colour of the patient.

Look for wave form capnography.

**Listen**

For voice, stridor, snoring.

For breath sounds on auscultation.

For the pulse oximeter.

**Feel**

The chest rise and fall.

For air on exhalation.

# Assessing Difficult Management

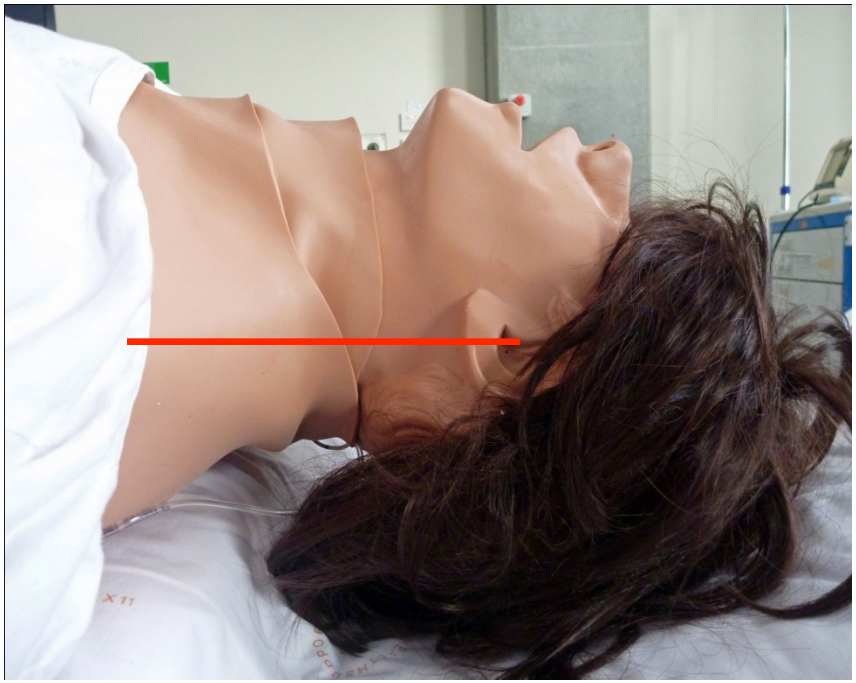
- BOOTS (ventilation)
  - Bearded
  - Older (>55)
  - Obese (BMI >26)
  - Toothless
  - Snores
- LEMON (intubation)
  - Look externally
  - Evaluate 3:3:2
  - Mallampati
  - Obstruction Obesity
  - Neck Mobility

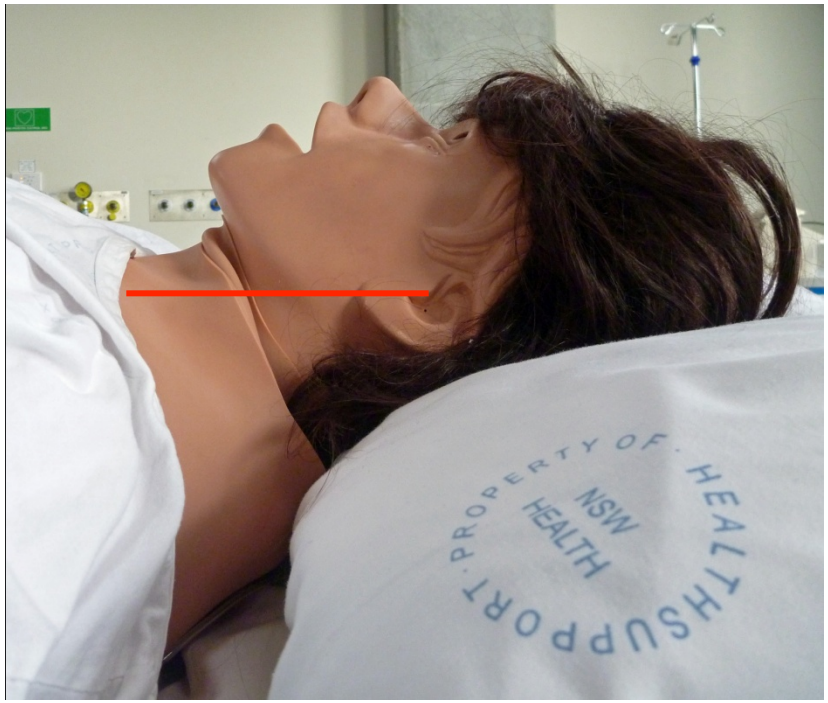
# Airway Management

- Simple airway maneuvers
- Nasal Prongs
- Oxygen Masks – variable and fixed
- Airway Adjuncts
- Bag Valve Masks
- Non-Invasive Ventilation
- Laryngeal Masks
- Intubation
- Surgical Airway

# Basic airway opening manoeuvres

## Aligning the external auditory canal and sternal notch.



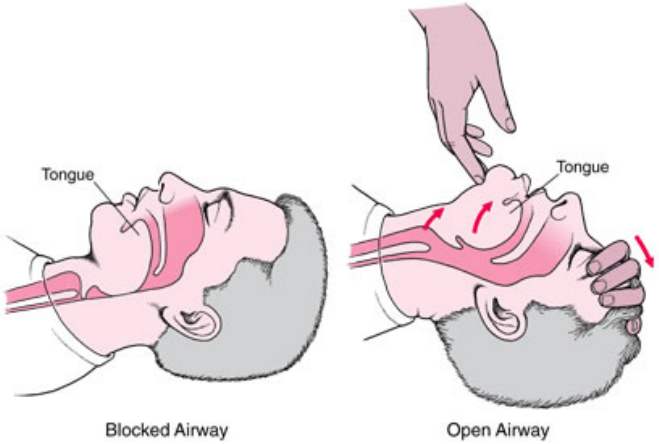


# Jaw thrust

- Use two hands.
- The angle of the jaw is lifted forwards.
- This causes subluxation of the mandible bilaterally and pulls the tongue away from the posterior pharynx thus opening the airway.

# Chin lift

- First place the patient in the “sniffing” position.
- Stabilise the forehead with the palm of 1 hand whilst 2-3 fingers of the other hand lift the chin forward thus pulling the tongue away from the pharynx.



# Airway adjuncts

Oropharyngeal airway

Nasopharyngeal airway

# Scenario

# Scenario

David Beckham, 38 year old

Known alcoholic who is waiting to be seen by the doctor. He was off loaded from the ambulance 2 hours ago and is still waiting to be seen. He has just started to have a seizure whilst his observations were being taken.

# Summary

- A structured approach to the airway will assess the need for management and expected difficulty.
- Oxygenation and ventilation are the aims of management
- Simple maneuvers and adjuncts can be helpful in supporting the airway

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## Acknowledgments

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