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What if everything goes wrong with intubating a patient?



Intubation is one of the
highest anxiety/ stress
procedures performed in
medicine



Some Challenging airways are expected

- Bariatric
- Elderly/Vertebral deterioration
- Trauma
- Pediatric





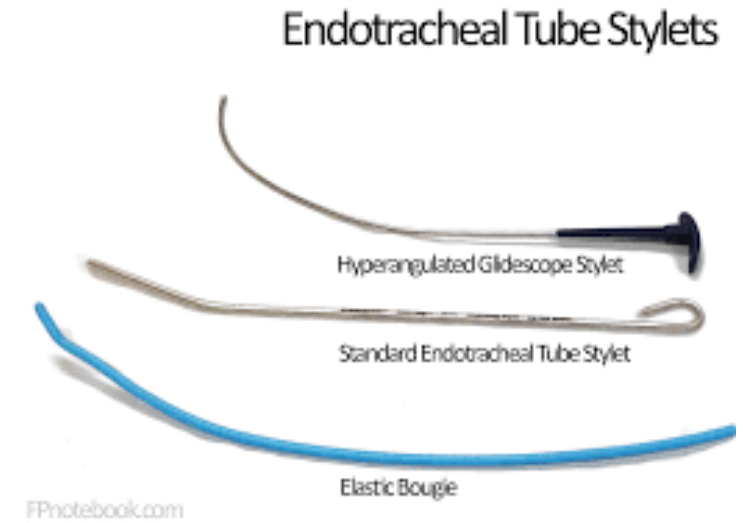
Trauma happens
Even in Turkey

Some challenging
airways are
potentially
considered



Some challenging
airways are complete
surprises





Multitude of Airway devices

Still everything can go
wrong

When you fail to intubate: Reassess



Airway/Airflow



Breathing



Oxygenating



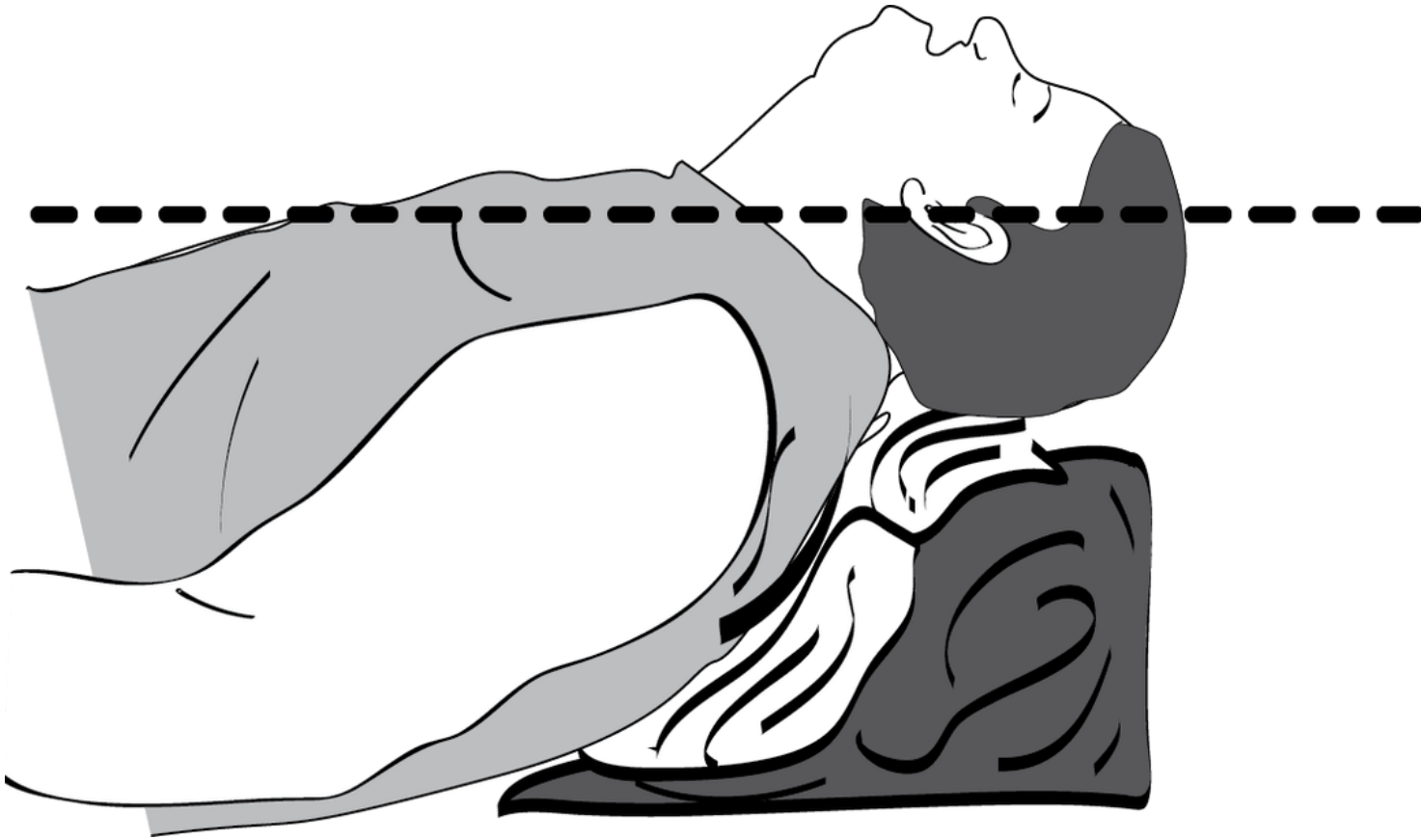
Monitoring

Airflow Failure

Positioning

Narrowing

Obstruction



- Jaw thrust
- Airway
- Lift up shoulders

Open the airway

Monitoring

- Pulse ox
- Cardiac
- CO2



If Still oxygenating/airw ay exchange

Can try bougie, LMA,
bronchoscope for better
visualization



Alternatives to Intubation



BVM



LMA



Oral Airway



Nasal airway



Retrograde airway



Cricothyroidotomy/Tracheostomy

Surgical Airway (cricothyrotomy)

Indications

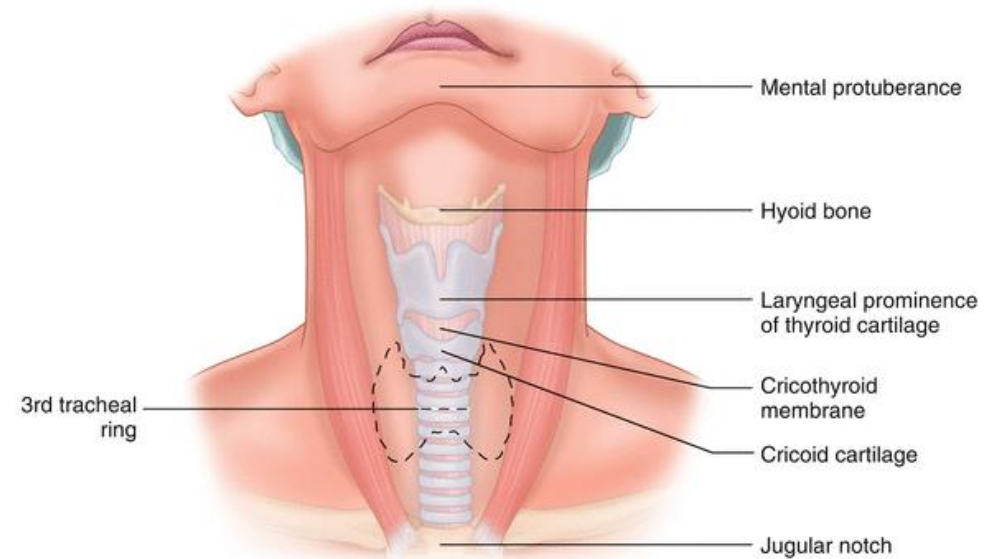
- Upper airway hemorrhage
- Midface fractures
- Abnormal facial anatomy
- Airway trauma
- Airway edema
- Mass (tumor, hematoma, abscess)

Relative Contraindications

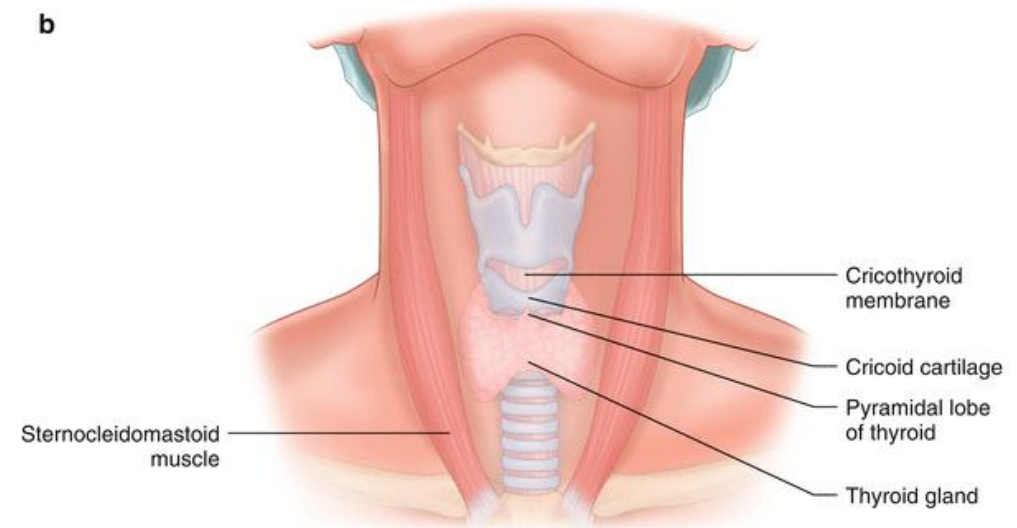
- Age <10 years (Absolute < 5y)
- Pre-existing laryngeal pathology (epiglottitis, cancer, inflammation)
- Anatomic barriers (hematoma, penetrating wounds)
- Coagulopathy

Cricothyroto my vs Tracheostomy

a



b



Tracheostomy Old Procedure



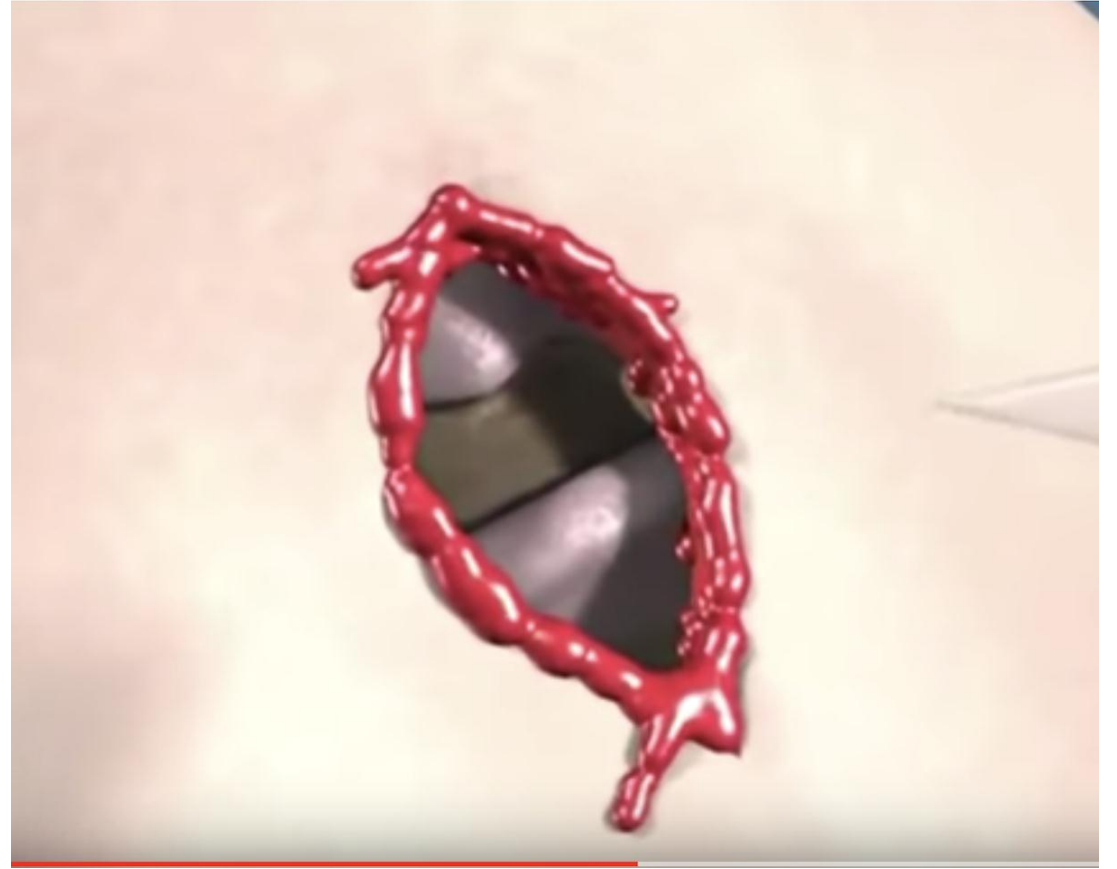
Figure 3: The tracheotomy procedure depicted in 1666 [16]

Many kits but basic materials

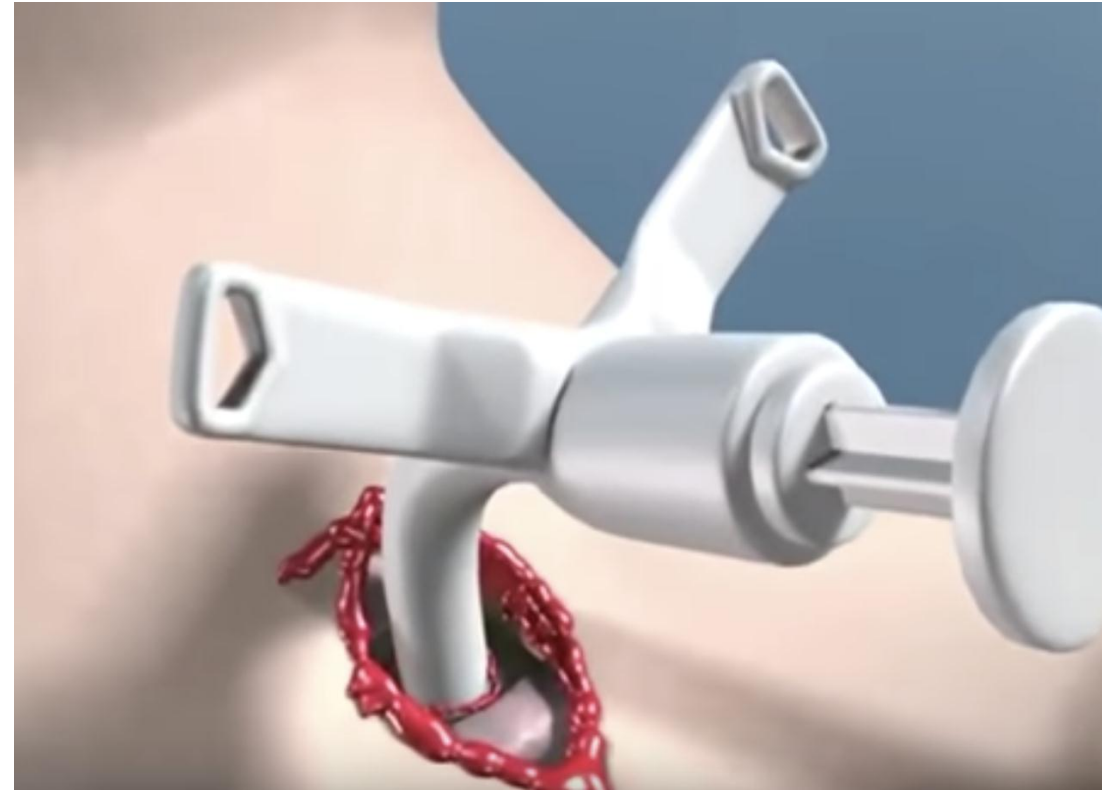
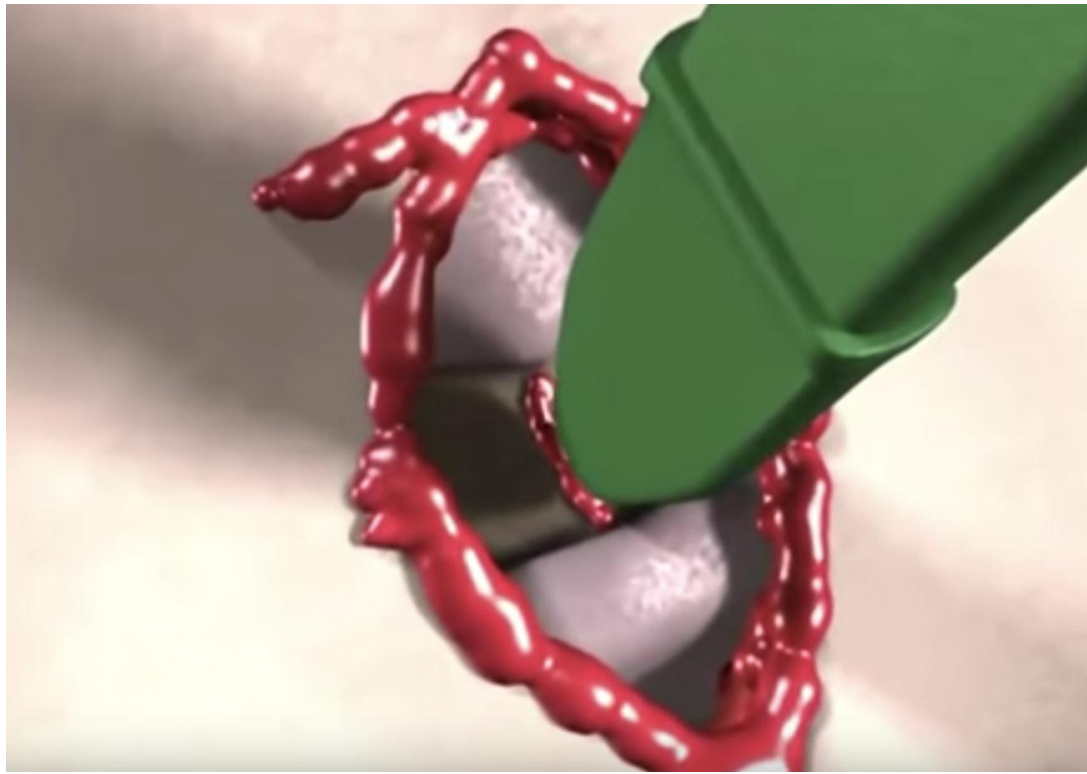
- Basic Supplies
- 6-0 ETT
- Scalpel
- Hemostats



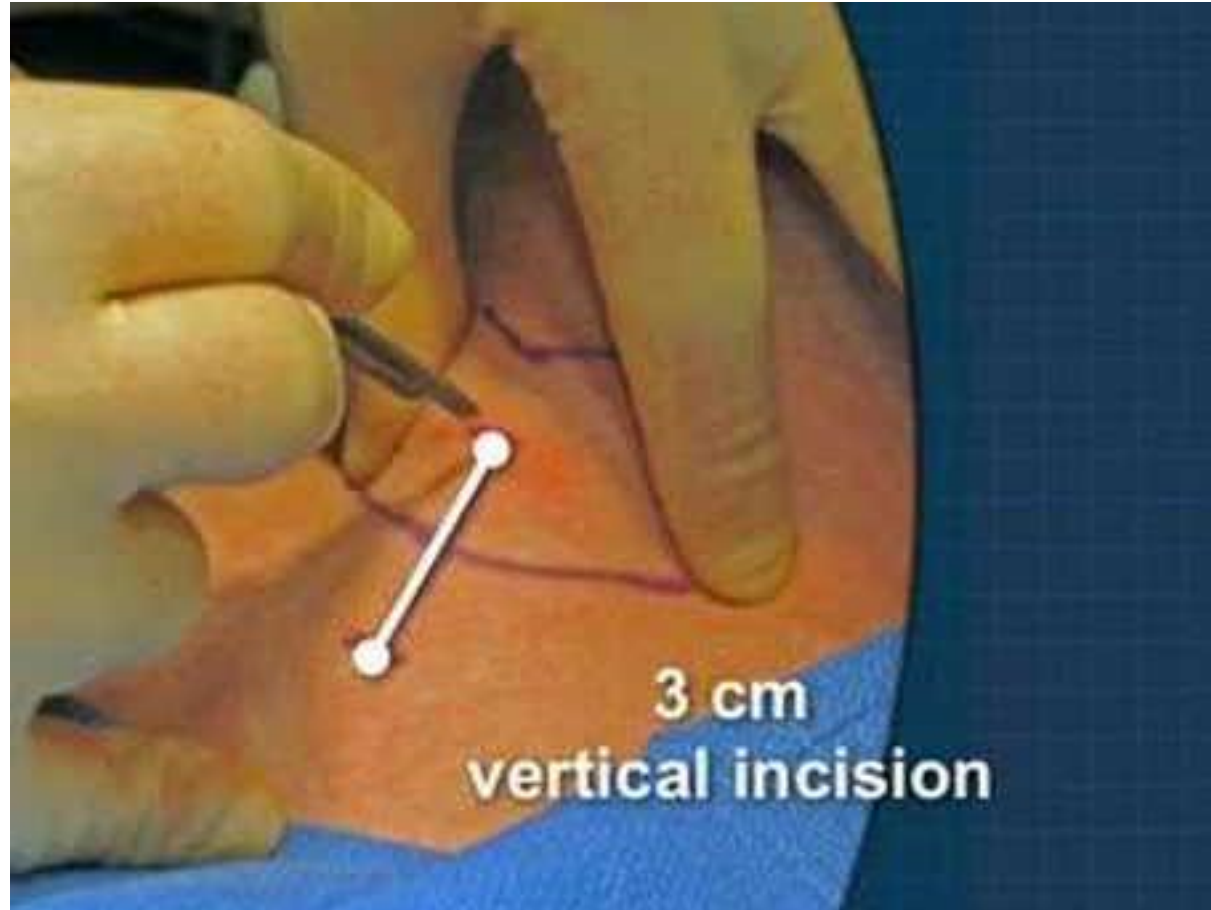
Cricothyrotomy steps 1-2



Cricothyrotomy Steps 3-4



Cricothyrotomy



ACEP 19 Oct 27-30, 2019



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