

**Failed intubation
inadequate ventilation**



Give 100% oxygen



Call for help

Step A Continue to attempt oxygenation and ventilation

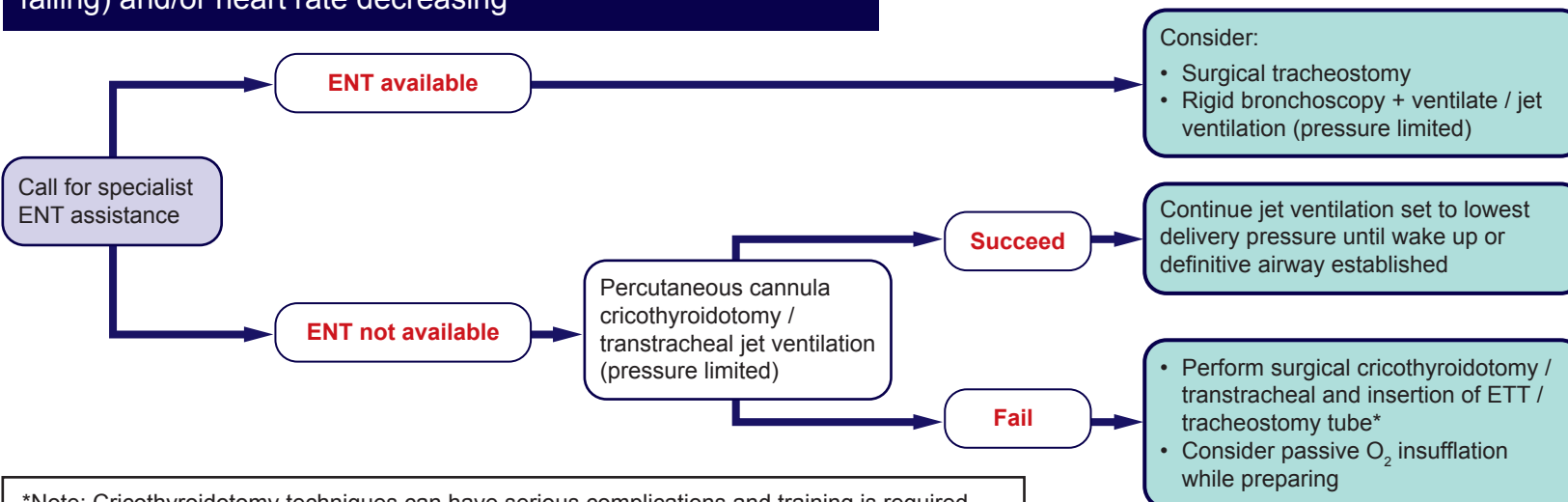
- FiO₂ 1.0
- Optimise head position and chin lift/jaw thrust
- Insert oropharyngeal airway or SAD (e.g. LMA™)
- Ventilate using two person bag mask technique
- Manage gastric distension with an OG/NG tube

Step B Attempt wake up if maintaining SpO₂ >80%

If rocuronium or vecuronium used, consider suggamadex (16mg/kg) for full reversal

Prepare for rescue techniques in case child deteriorates

Step C Airway rescue techniques for CICV (SpO₂ <80% and falling) and/or heart rate decreasing



Call for help again if not arrived

Cannula cricothyroidotomy

- Extend the neck (shoulder roll)
- Stabilise larynx with non-dominant hand
- Access the cricothyroidotomy membrane with a dedicated 14/16 gauge cannula
- Aim in a caudad direction
- Confirm position by air aspiration using a syringe with saline
- Connect to either:
 - adjustable pressure limiting device, set to lowest delivery pressure
- or
- 4Bar O₂ source with a flowmeter (match flow l/min to child's age) and Y connector
- Cautiously increase inflation pressure/flow rate to achieve adequate chest expansion. Wait for full expiration before next inflation
- Maintain upper airway patency to aid expiration

*Note: Cricothyroidotomy techniques can have serious complications and training is required – only use in life-threatening situations and convert to a definitive airway as soon as possible

SAD = supraglottic airway device