Difficult Airway Algorithm and CICO

YOU SHOULD BE ABLE TO

- ✓ Use the 2022 ASA decision tree to choose awake intubation or intubation after induction
- ✓ Move through the after-induction pathway: limit attempts, rescue with an SGA, and tell nonemergency
- ✓ Recognize CICO and perform the scalpel-bougie-tube cricothyrotomy steps in order

THE LESSON ON ONE PAGE

Before and first fork

- O2 by nasal cannula throughout
- Mark the membrane first
- Hard tube + FACE = awake
- Awake fails: cancel, options, awake neck

After induction

- 3 + 1 attempts per technique
- Change something each time
- SGA rescue, second generation
- Capnography confirms everything

Pathways

- Ventilating: wake, alternative, proceed
- Not: call for help, SGA, final mask
- All fail: declare CICO
- Consider ECMO if available

eFONA and kids

- Paralyze, extend, vertical cut
- No. 10 blade, bougie, 6.0 cuffed
- Kids: 3 + 1, then consider waking
- Functional = drugs; anatomic = devices

BOARD TRAPS

"One more look will get it."

Task fixation. Repeated attempts cause swelling and bleeding that can turn "can ventilate" into "cannot." Cap attempts at 3 + 1, change something each time, and watch the clock and the SpO2.

"Sugammadex will rescue a CICO."

Not reliably. Reversing the block does not reverse the hypnotic or opioid, and it doesn't open an obstructed or swollen airway. Don't let it **delay the neck**.

"Awake intubation failed, so induce and try again."

Usually wrong. ASA 2022: cancel, consider other options, or an **awake invasive airway**. Induction is for a patient who is unstable or can't wait, with the team ready for an emergency invasive airway.

"Wait for the SpO2 to drop further before cutting."

No number triggers it. CICO is declared when tube, SGA, and mask have failed. Waiting for bradycardia or arrest is the classic fatal delay.

MEMORY DEVICES

Hard tube plus...

FACE it awake

- **F** Face mask or SGA ventilation will be hard
- **A** Aspiration risk is increased
- **C** Can't tolerate apnea (fast desaturation)
- **E** Emergency neck access will be hard