

Verify ETT position

Capnography Inspection

Auscultation

APLS: Failed intubation

Optomise oxygenation Use facemask with Guedel airway Use two person technique with jaw thrust Optimise head position Manage gastric distension with oro/nasogastric tube (OGT/NGT) Move quickly to next step of algorithm Plan A: Intubation via direct laryngoscopy (not more than 4 attempts) Maintain oxygenation between attempts Optimise neck flexion and head extension Use a bougie Change laryngoscope and/or intubator Use external laryngeal manipulation If unsuccessful Insert supraglottic airway (Guedel or LMA/iGel) Oxygenate and ventilate using 100% O. Insert NGT/OGT and keep stomach decompressed If unsuccessful Plan B: Secondary intubation Airtrac McGrath or Glidescope Fibreoptic intubation via LMA If unsuccessful Insert supraglottic airway (Guedel or LMA/iGel) Oxygenate and ventilate using 100% O. Insert NGT/OGT and keep stomach decompressed If unsuccessful ENT expertise YES NO available? Intubation by ENT expertise e.g. Lindholm laryngoscope with Hopkins rod Rigid bronchoscope If unsuccessful Open surgical airway Tracheotomy Cricothyroidotomy only if the anatomy is palpable in older children