Forced To Act/ Crash Airway Suction Confirm no OPA Optimize initial response NPA Oxygenation 2 person BVM to difficult and ventilation Exagerated Jaw Thrust Ventilation • Elevate 30 degrees steps (caution with hypotension Consider Consider Consider possible Mask seal Severe Equipment foregin body Bronhospasm cause • Increase FIO2 (15L O2 + Nasal Cannula Confirm • Sit patient up 30 degrees (caution in Optimized hypotension and avoid in tension pneumo Oxygenation and high intrinsic peep) Consider profound shock/ anemia Call for assistance Attempt If appropriate extraglottic MOODS airway Current or rapidly impending airway Recognize FORCED TO obstruction or failure of oxygenation ACT/ Crash (Inadequate MV, SPO2 <85% with ALOC) **AIRWAY** despite interventions Confirm intubation is not delaying approprirate treatments Ventilate and Connect continuous waveform capnography to BVM Preoxygenate Apply nasal cannula at 15 LPM for apneic oxygenation Can you proceed sedation/paralysis? Yes No FORCED TO CRASH ACT **AIRWAY** Succinocholine Midazolam Fentanyl Hypersensitivity Confirm no Ketamine Hypersensitivty Hypersensitivity • Known of suspected Hyper K (acute or chronic Hypersensitivity contraindications AND Myasthenia Gravis Monoamine oxidase inhibitor therapy renal failure, glomerular nephritis, lupus nephritis) • Relative: Conditions where a significant elevation to airway in the last 14 fays • Systolic BP less than 100mm Hg • Familiy Hx of malignant hyperthermia or plasma of BP is hazardous (uncontrolled HTN, aneurysm, medications Compensated shock states • Systolic BP less than 100mm Hg pseuchocholinesterase deficiency acute heart failure, angina, recent MI) Myopthathies associated with elevated CK OR Fentanyl AND Administer analgesic/ Ketamine Midazolam Adult: 1mcg/kg max 100mcg Adult: 1.5mg/kg IV • 0.1mg/kg max 5mg FIVP paralytic SIVP Succinylcholine Adult: 1.5mg/kg max 150mg V • Minimum kit required for one attempt Suction Stethoscope Tube Prep and test • Laryngoscope/ Blade equipment Bougie/ Stylet Syringe Tube holder Eyes on surgical airway Auditory meatus Optimize patient parallel to oth the positioning for ceiling and the sternal intubation notch Head, neck, hands, scoop, pull-back (if HAB) **Brief Assistant** • 1st Attempt: (Best look): VL + stylet/ bougie with HNHS, Declare failed intubation Explain BARS Plan • R: Rescue airway : Extraglottic airway, • S: Surgical: Can't intubate or ventilate = bougie cricothyrotomy Suction then intubate Failed x 1 Successful Extraglottic Extraglottic Post- Intubation not indicated? indicated? Can you now Attempt ventilate with Inflate ETT cuff Extraglottic 2 person BVM? • female: 18cm Confirm Depth • male: 20cm • **Cric: past black line Yes No Assign assistant to • Instruct assistant to hold tube hold tube and • Set ventilation parameters Confirm venilate Continue indications BVM for surgical airway CO2 qauntitative or qualitative Esophageal detector Confirm placement Prepare Auscultate (left apice first) Surgical O2 connected to circuit Airway Equipment Secure ETT Optimize patient positoning Elevate Head Perform Surgical Airway Reasses Vitals Correct Consider Epinephrine Push Phenylephrine Push intrathoracic Peri-intubation • Adult: 100mcg in 10cc flush (10mcg/ml) → Adult: 50-100mcg IV/IO q 2-5 mins prn Hypotension if pressure (slow vent • Contra: Cardiogenic shock. VT, Severe hypertension, Bradycardia • 10mcg over one min (max 50mcg) rate or < PEEP) present Ketamine Adult: 1mg/kg SIVP Contra: Hypersensitivity Fentanyl Midazolam AND Prepare for Post • Adult: 100mcg SIVP (titrate to effect) Relative: Conditions where a significant • Adult: 5mg SIVP q 5-10min prn intubation sedation elevation of BP is hazardous (uncontrolled • Contra: Hypersensitivity, MOA in the last 14 days • Contra: Hypersensitivity, Myasthenia Gravis HTN, aneurysm, acute heart failure, angina, recent MI) • DOPES: • D: Laryngoscope Prepare equipment to • D: Dislodgement (Esophageal = EDD & CO2, Maintstem = auscultation & depth at teeth) O: Suction address post P: Needle decompression kit E: Check equipment S: ETCO2 • O: Obstruction (Poor compliance or secretions = saline and deep suction, poor sedation and bite block = increase sedation) intubation issues with • P: Pneumothorax (Hypotension, JVD & decreased breath sounds = needle decompression assured not R or L mainstem) DOPE • E: Equipment failure: O2 resevoir bag full, BVM able to make positive pressure with no leaks, ETT tube inflated • S: Stacking (Auto Peep = slow ventilations) Consider OG tube Placement References 1) AHS protocols. (2024, August 8). https://www.ahsems.com/public/protocols/templates/desktop/#home 2) MacLeod , M. H. (2024b). Forced to Act - Checklist