# Appendix 1 - BAPM Framework algorithm:

Unexpected Difficult Airway (Neonates)

Read all text in **BOLD** aloud to the team:

VERBALISE AS CHALLENGE AND RESPONSE.

Yes/No responses required from team leader

Immediate actions**: We have a difficult airway situation**

1. **Has someone called for expert help?** Send a specific team member to Call for help (numbers below):

Tell them to state: ‘We have a difficult airway situation in (state your location). Please attend immediately’

* 1)………………………………………………..
* 2)………………………………….…………….
* 3)……………………………….……………….

1. **Has the Difficult Airway box been located and retrieved?**

If Not: Retrieve and Open the Difficult Airway Box: Located at…………………………………………………………

*NOW TURN OVER THIS SHEET AND READ FROM ‘PLAN A’*

Other information:

Medication for sedation/paralysis: Type/dose………………………..

Medication for reversal of sedation/paralysis: Type/ dose……………………

Location of specific equipment (e.g. ENT scopes, tracheostomy kit)

(what)………………………………(where)…………………………………..

…………………………………………………………………………………………

To be accessed by contacting ……………………………………..on …………………………………………

**PLAN A**

**Priority: Mask ventilation and oxygenation**

**We need to optimise mask ventilation:**

**Is the mask an appropriate size?**

**Is head position correct (neutral position)?**

**Is T-Piece/BMV/Ayres circuit at appropriate pressures?**

**Is the 2 person technique effective?**

Consider:

**Get the Videolaryngoscope if available**

Smaller mask/use longer Ti/Higher PIP/PEEP

Increase oxygen to 100%

Gastric tube passage/CO2 detector in circuit

Oropharyngeal airway

If ETT ‘in’: remove with suction (meconium aspirator)

YES to all

**Is the chest moving (and has the heart rate increased?)**

Continue mask ventilation until help arrives and plan for definitive airway\* (see plan C/D)

No

Yes

**PLAN B**

Consider:

Increase oxygen to 100%

Gastric tube passage

CO2 detector in circuit

IV access (UVC/IO)

**Priority: Oxygenation and ventilation**

**We need to optimise oxygenation:**

**Is the set oxygen 100%?**

**Try a supraglottic device: Consider: LMA or iGEL or Nasopharyngeal airway.**

Continue with effective method until help arrives and plan for definitive airway\* (see plan C/D)

Consider optimising location: is it safe to move to better location?

**Are we able to oxygenate and ventilate?**

Yes

No

**PLAN C**

**\*IF attempting further intubation consider why the previous attempt(s) failed; what needs to change**

**Priority: Oxygenation**

**We need to optimise oxygenation:**

**Is the set oxygen 100%: add supplemental nasal cannula oxygen (*or* HHFNC oxygen if available without delay) Attempt secondary intubation with help arrived, no more than two attempts.**

**USE……**(locally available device here)

Consider:

Bougie, smaller ETT

Indirect laryngoscope

Videolaryngoscopy

Sedation and paralysis (reversible agents available?)

Secure airway using(local fixation)

Confirm with CO2 detection

Consider optimising location: is it safe to move to better location?

Plan for further action (incl. Family)

**Has a definitive airway been established?**

No

Yes

**PLAN D**

Experienced personnel in life threatening situations:

Rigid endoscopy + railroaded ETT

Flexible endoscopy + railroaded ETT

Emergency tracheostomy (ENT only)

**Priority: Rescue methods**

**Continue to optimise oxygenation**

**Do we need to reverse paralysis?**

**Expert help to establish airway**

# Appendix 2 - Equipment: visual inventory

**Store with difficult airway box**

|  |  |
| --- | --- |
| PLAN A  Name and location of equipment | Add photos here |
| PLAN B  Name and location of equipment | Add photos here |
| PLAN C  Name and location of equipment | Add photos here |
| PLAN D  Name and location of equipment | Add photos here |