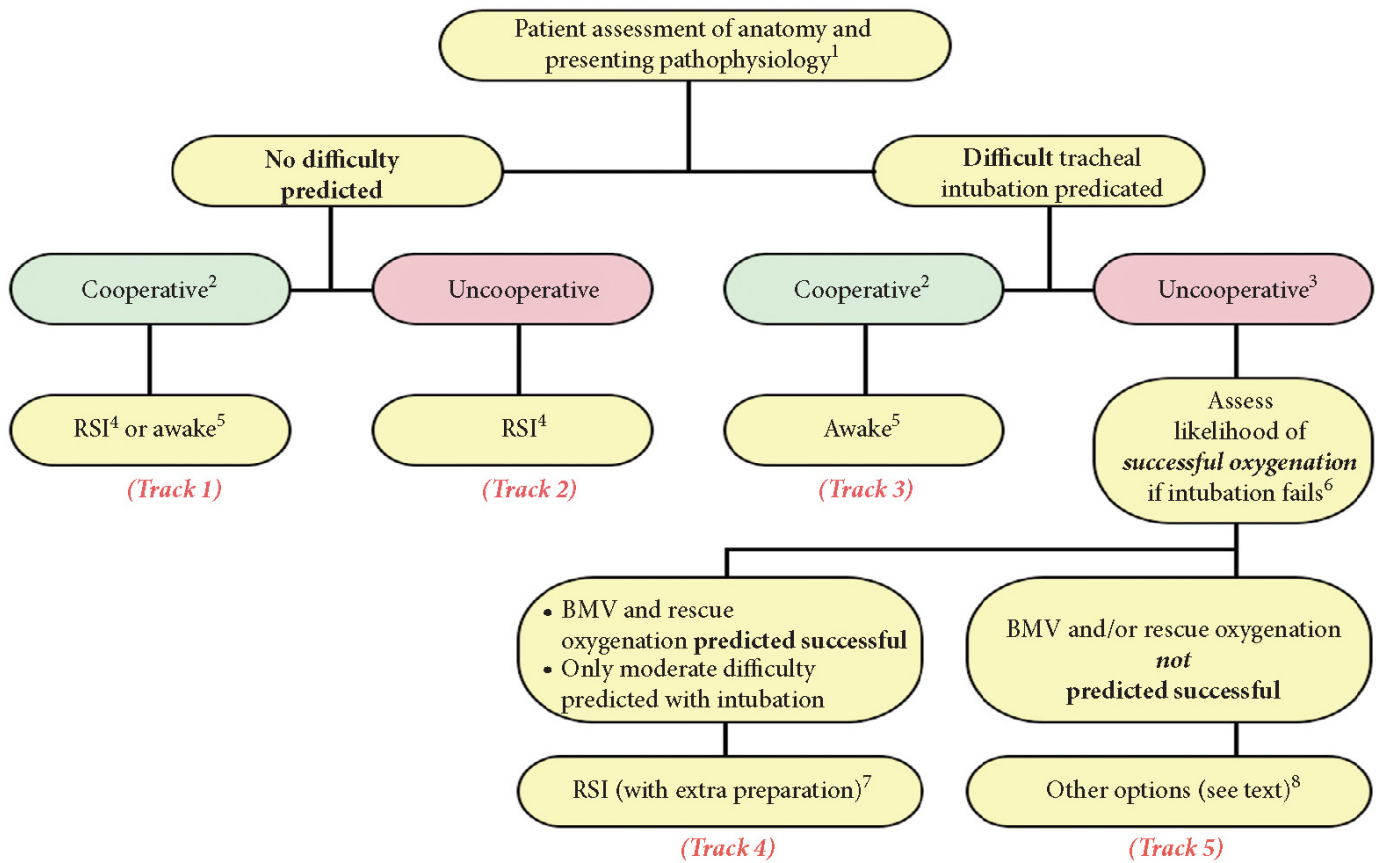


Algorithm 1 Approach to Tracheal Intubation.



1-Patient assessment includes an evaluation of anticipated difficulty with (a) laryngoscopy and intubation; (b) bag-mask ventilation and (c) rescue oxygenation, using an extraglottic device or cricothyrotomy. The patient's physiologic status should also be considered, including hemodynamics, and the primary underlying presenting condition (heart, head, lungs etc.)

2-The "cooperative" patient in this context may be fully awake and cooperative, marginally cooperative but able to be rendered cooperative with pharmacologic agents or a reassuring explanation, or passively uncooperative, whereby no significant resistance will be offered to a non-RSI technique.

3-For the uncooperative patient with an anticipated difficult airway, help should be sought early. Can the patient be "bridge" oxygenated with BMV or an EGD until help arrives?

4-RSI requires a sound knowledge of airway pharmacology and a clear plan for dealing with the difficult airway. Any RSI undertaken in the face of predicted difficulty should be done with adequate preparation, including availability and briefing of extra helpers, "Plan B" and "Plan C" intubation and rescue ventilation devices, and the skill to use them.

5-An "awake" intubation merely refers to an intubation facilitated by topical airway anesthesia, with or without small amounts of sedative agent, as distinct from RSI. Thus, the term "awake" in this context may also refer to the intubation of an obtunded patient, as long as a formal RSI, facilitated by a sedative/ hypnotic agent and neuromuscular blocker is not being undertaken.

6-This should include an assessment of whether BMV and ideally both of a rescue EGD and cricothyrotomy are predicted to succeed in achieving oxygenation.

7-In general, RSI is not a recommended first-line approach when upper airway pathology is suspected. RSI in the face of predicted difficult intubation is far from ideal and is only done if the benefit of expeditious intubation outweighs the risk of a failed airway, with attendant need for cricothyrotomy. RSI undertaken when difficulty is predicted should ideally be undertaken when additional help and equipment are available, with the intention to proceed to EGD placement or cricothyrotomy should intubation or oxygenation fail.

8-Other options: please see discussion in text.