

SO, YOU FAILED TO ESTABLISH AN AIRWAY

KEEP TRYING:

- **Get a bougie; it dramatically improves your chances**

OTHERWISE...

- **Laryngeal Mask:** not a definitive airway, but you can ventilate through it while waiting for an anaesthetist to arrive. One generally assumes you always have an anaesthetist on the way.

SO YOU SOMEHOW MANAGED TO INTUBATE: but is it in the right place?

- **Listen to the chest; is the air entry equal?**
- **Capnography or colorimetry: non-specific; it proves that the tube is not in the oesophagus, but is it in the bronchus? It could be. How do you know?...**
- **Chest Xray is the only way to find out.**

SURGICAL AIRWAY: when nobody can intubate, or there is no normal anatomy any more.

- **NEEDLE CRICOTHYROIDOTOMY** buys you time to think
 - **Basically, jab a 12 gauge cannula into the cricothyroid membrane while aspirating, and wait until you hit air.**
 - **Then connect the cannula to 15L oxygen**
 - **Connect it with a Y-connector, so you can breathe with your thumb: 1 second on, 4 seconds off.**
 - **This is a CRAP MODE OF VENTILATION: there is not enough exhalation and thus CO2 builds up.**
 - **Thus, you can only ventilate like this for 40 minutes maximum.**
- **SURGICAL CRICOTHYROIDOTOMY**
 - **Cut vertically above the cricothyroid membrane**
 - **Blunt dissect down to the layer of the membrane**
 - **Cut horizontally along the membrane**
 - **Insert a small 5.0 or 6.0 tube and inflate the cuff**