

**Difficult MV**



**Give 100% oxygen**



**Call for help**

## Step A Optimise head position

Consider:

- Adjusting chin lift/jaw thrust
- Inserting shoulder roll if <2 years
- Neutral head position if >2 years
- Adjusting cricoid pressure if used
- Ventilating using two person bag mask technique

Check equipment

Consider changing:

- Circuit
  - Mask
  - Connectors
- If equipment failure is suspected, change to self-inflating bag and isolate from anaesthetic machine promptly

Depth of anaesthesia

- Consider deepening anaesthesia  
Use CPAP

## Step B Insert oropharyngeal airway

**Call for help again if not arrived**

Assess for cause of difficult mask ventilation

- Light anaesthesia
- Laryngospasm
- Gastric distension – pass OG/NG tube

- Maintain anaesthesia/CPAP  
Deepen anaesthesia (Propofol first line)
- If relaxant given – intubate
  - If intubation not successful, go to unanticipated difficult tracheal intubation algorithm

## Step C Second-line: Insert SAD (e.g. LMA™)

- Insert SAD (e.g. LMA™) – **not > 3 attempts**
- Consider nasopharyngeal airway
- Release cricoid pressure

**Good airway**

**Yes**

**Continue**

**SpO<sub>2</sub> >80%**

- Consider:
- SAD (e.g. LMA™) malposition/blockage
  - Equipment malfunction
  - Bronchospasm
  - Pneumothorax

**Wake up patient**

**No**

**SpO<sub>2</sub> <80%**

- Attempt intubation  
• Consider paralysis

**Succeed**

**Proceed**

**Fail**

**Go to scenario cannot intubate cannot ventilate (CICV)**

SAD = supraglottic airway device