

SECURING THE AIRWAY OF A CHILD WITH CRITICAL UPPER AIRWAY OBSTRUCTION (UAO)

Maintain oxygenation and ventilation with 100% oxygen via facemask, oro/naso pharyngeal airway or laryngeal mask airway.

Keep stomach decompressed with large orogastric tube.

Move the child to theatre if it is safe to do so

1. GAS induction

CPAP HELPS

Gas induction may be slow or impossible in critical UAO. Increased work of breathing may worsen UAO.

IV induction may be appropriate (necessary outside of theatre)

2. Consider MUSCLE RELAXANT

**Especially if the patient becomes apnoeic
OR outside of the theatre environment**

Muscle relaxant may make mask ventilation and intubation easier.

3. INTUBATION by ANAESTHETIST

Maximum of two repeat attempts only if $SpO_2 > 90\%$

Primary intubation with a video laryngoscope is recommended. Remember repeated intubation attempts cause trauma and can lead to CICV.

FAIL

4. INTUBATION by ENT


Maximum of two repeat attempts only if $SpO_2 > 90\%$

Lindholm laryngoscope with Havers light clip and Rigid Endoscope – see overleaf.
OR Bonfils scope (maybe operated by anaesthetist).

FAIL

**5. Emergency TRACHEOSTOMY
OR SCALPEL-BOUGIE CRICOTHYROIDOTOMY
(Older children with clearly palpable anatomy)**

Tracheostomy size chart overleaf.

	Preterm - 1mnth	1-6 mnths	6-18 mnths	18 mnth – 3 yrs	3-6 yrs	6-9 yrs	9-12 yrs
Start ET tube One size smaller than normal	2.5 UNCUFFED	3.0 UNCUFFED	3.5 UNCUFFED	4.0 UNCUFFED	4.5 UNCUFFED	5.5 UNCUFFED	6.5 UNCUFFED
ET tube for normal airway	2.5 or 3.0 UNCUFFED	3.5 UNCUFFED	4.0 UNCUFFED	4.5 UNCUFFED	5.0 UNCUFFED	6.0 UNCUFFED	7.0 UNCUFFED
Laryngoscope	Small Lindholm	Small Lindholm	Small Lindholm	Medium Lindholm	Medium Lindholm	Medium Lindholm	Adult Lindholm
Rigid Endoscope	Preterm – 1 mnth scope 2.1mm short	1-6 mnth scope 2.7mm short	6 mnth – 9 yrs scope 2.9mm x 30cm				
Bivona cuffed Tracheostomy	2.5 or 3.0 neo length	3.5 neo length	4.0 paed length	4.5 paed length	5.0 paed length	5.5 paed length	6.0 paed length