

PAEDIATRIC SURGICAL AIRWAY



INDICATION: CANNOT OXYGENATE VIA FACEMASK, IGEL, OR TRACHEAL TUBE
CONSIDER FOREIGN BODY AIRWAY OBSTRUCTION

>>> GO

LIGHT



SUCTION



SCALPEL



IRIS SCISSORS

RETRACTORS



TUBE



ETCO2



BVM



IF FOREIGN BODY OBSTRUCTION CONSIDER OTHER MANOEUVRES PRIOR TO CUTTING NECK -SEE OVERLEAF >>>

1 POSITION PATIENT - NECK EXTENSION

Avoid hyperextension in infants which may flatten airway

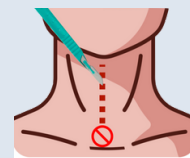
2 IDENTIFY MIDLINE

Marker pen to nose, chin, sternal notch, xiphisternum



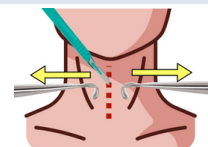
3 VERTICAL SKIN INCISION

Stabilise larynx with non-dominant hand
Avoid lower quarter of neck. Stay in midline



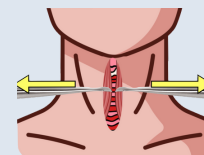
4 ASSISTANT RETRACTS WOUND Laterally

Maintain good LIGHT, SUCTION, RETRACTION



5 CUT DOWN TO TRACHEA

Keep retracting lateral structures
to keep strap muscles / vessels away



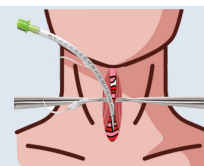
6 CUT 1-2 ANTERIOR TRACHEAL RINGS VERTICALLY

To allow space for tube



7 INSERT BOUGIE THEN TRACHEAL TUBE

Not too far: cuff just inside. Inflate cuff



8 VENTILATE & CHECK ETCO₂

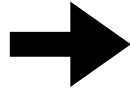


9 POST-PROCEDURE CARE

- ☒ Ketamine / Rocuronium
- ☒ Secure tube - Don't let go!
- ☒ Consider stay sutures
- ☒ Control bleeding with gauze pressure

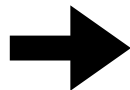
PAEDIATRIC FOREIGN BODY AIRWAY OBSTRUCTION

IF STABLE, ALERT,
MAINTAINING SpO2



- ENCOURAGE COUGH
- SENIOR ED/ANAE/ENT HELP
- CONSIDER IMAGING
- FB REMOVAL IN THEATRE

DETERIORATING,
UNABLE TO MAINTAIN
SpO2, UNSTABLE,
INEFFECTIVE COUGH



- SENIOR ED/ANAE/ENT HELP
- BACK BLOWS / CHEST THRUSTS
- IF TOO UNSTABLE / HYPOXIC TO MOVE TO THEATRE THEN CONSIDER OPTIONS BELOW:

LARYNGOSCOPY, REMOVE VISIBLE FB WITH MAGILLS
may need ketamine sedation

IF NO VISIBLE FB THEN INTUBATE AND TRY TO VENTILATE

IF UNABLE TO VENTILATE VIA ETT (CAN INTUBATE CAN'T VENTILATE)
THEN **CONSIDER** FOLLOWING OPTIONS:

USE ETT AS SUCTION CATHETER USING MECONIUM
ASPIRATOR TO REMOVE FB BY WITHDRAWING ETT
use Microcuff tube with NO Murphy's eye



ADVANCE ETT INTO MAIN BRONCHUS THEN BRING BACK TO TRACHEA
AND VENTILATE ONE LUNG

PUSH BOUGIE THROUGH ETT TO BREAK UP FB (IF eg. VEGETABLE
MATTER)

DO NOT DELAY SURGICALLY
INEVITABLE AIRWAY
<< SEE OVERLEAF

PAEDIATRIC
SURGICAL AIRWAY

