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11. Atemwegssymposium Dresden, 16. November 2013

Neue Hilfsmittel der Atemwegssicherung Update 2013

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NAP4 – Chapter 9: Intensive Care

Recommendations

Capnography should be used for intubation of all critically ill patients irrespective of location.

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NAP4 – Chapter 9: Intensive Care

Recommendations

Continuous capnography should be used in all ICU patients with tracheal tubes (including tracheostomy) who are intubated and ventilator-dependent.

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NAP4 – Chapter 9: Intensive Care

Recommendations

Every ICU should have immediate access to a difficult airway trolley. This should have the same content and layout as the one used in that hospital's theatre department. The airway trolley needs regular checking, maintenance and replacement of equipment after use which should be appropriately documented.

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NAP4 – Chapter 9: Intensive Care

Recommendations

A fibrescope should be immediately available for use on ICU.

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SPECIAL ARTICLES

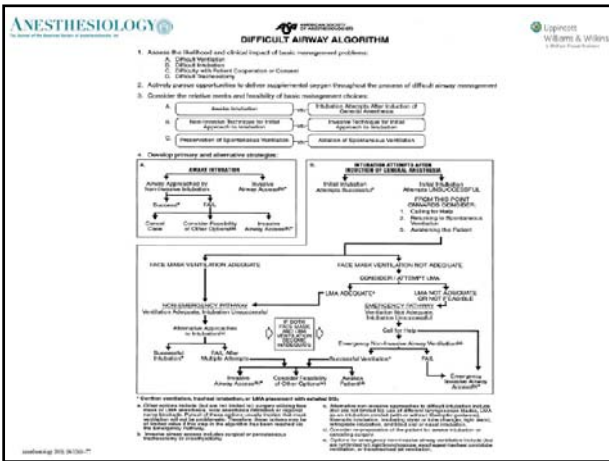
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Practice Guidelines for Management of the Difficult Airway

An Updated Report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway

- What other guideline statements are available on this topic?
 - These Practice Guidelines update the "Practice Guidelines for Management of the Difficult Airway," adopted by the American Society of Anesthesiologists in 2002 and published in 2003.
- Why was this Guideline developed?
 - In October 2011, the Committee on Standards and Practice Parameters elected to collect new evidence to determine whether recommendations in the existing Practice Guideline were supported by current evidence.
- How does this statement differ from existing Guidelines?
 - New evidence presented includes an updated evaluation of scientific literature and findings from surveys of experts and randomly selected American Society of Anesthesiologists members. The new findings did not necessitate a change in recommendations.

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Practice Guidelines for Management of the Difficult Airway

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1. Assess the likelihood and clinical impact of basic management problems:
 - Difficulty with patient cooperation or consent
 - Difficult mask ventilation
 - **Difficult supraglottic airway placement** (indicated by a red arrow)
 - Difficult laryngoscopy
 - Difficult intubation
 - Difficult surgical airway access
2. Actively pursue opportunities to deliver supplemental oxygen throughout the process of difficult airway management.
3. Consider the relative merits and feasibility of basic management choices:
 - Awake intubation vs. intubation after induction of general anesthesia
 - Non-invasive technique vs. invasive techniques for the initial approach to intubation
 - Video-assisted laryngoscopy as an initial approach to intubation
 - Preservation vs. ablation of spontaneous ventilation
4. Develop primary and alternative strategies:
 - AWAKE INTUBATION** (Airway approached by Invasive Airway Access®)
 - INTUBATION AFTER INDUCTION OF GENERAL ANESTHESIA**

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Form der Larynxmaske?

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8. Atemwegs-Symposium Dresden 2010

Brauchen wir Larynxmasken mit Drainagelumen – spielt die Aspiration bei einem Tubus oder einer LMA überhaupt eine Rolle?

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Practice Guidelines for Management of the Difficult Airway

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 - Video-assisted laryngoscopy as an initial approach to intubation**
 - Preservation vs. ablation of spontaneous ventilation
- Develop primary and alternative strategies:

AWAKE INTUBATION

Airway approached by Noninvasive Intubation

Invasive Airway Access⁹⁷

INTUBATION AFTER INDUCTION OF GENERAL ANESTHESIA

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Practice Guidelines for Management of the Difficult Airway

An Updated Report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway

4. Develop primary and alternative strategies:

AWAKE INTUBATION

Airway approached by Noninvasive Intubation

Invasive Airway Access⁹⁷

Succeed* → Cancel Case

FAIL → Consider feasibility of other options⁹⁸ → Invasive airway access⁹⁷

INTUBATION AFTER INDUCTION OF GENERAL ANESTHESIA

Initial intubation attempts successful*

Initial intubation Attempts UNSUCCESSFUL

FROM THIS POINT ONWARDS CONSIDER:

- Calling for help.
- Returning to spontaneous ventilation.
- Awakening the patient.

FACE MASK VENTILATION ADEQUATE → NONEMERGENCY PATHWAY

FACE MASK VENTILATION NOT ADEQUATE → CONSIDER/ATTEMPT SGA

