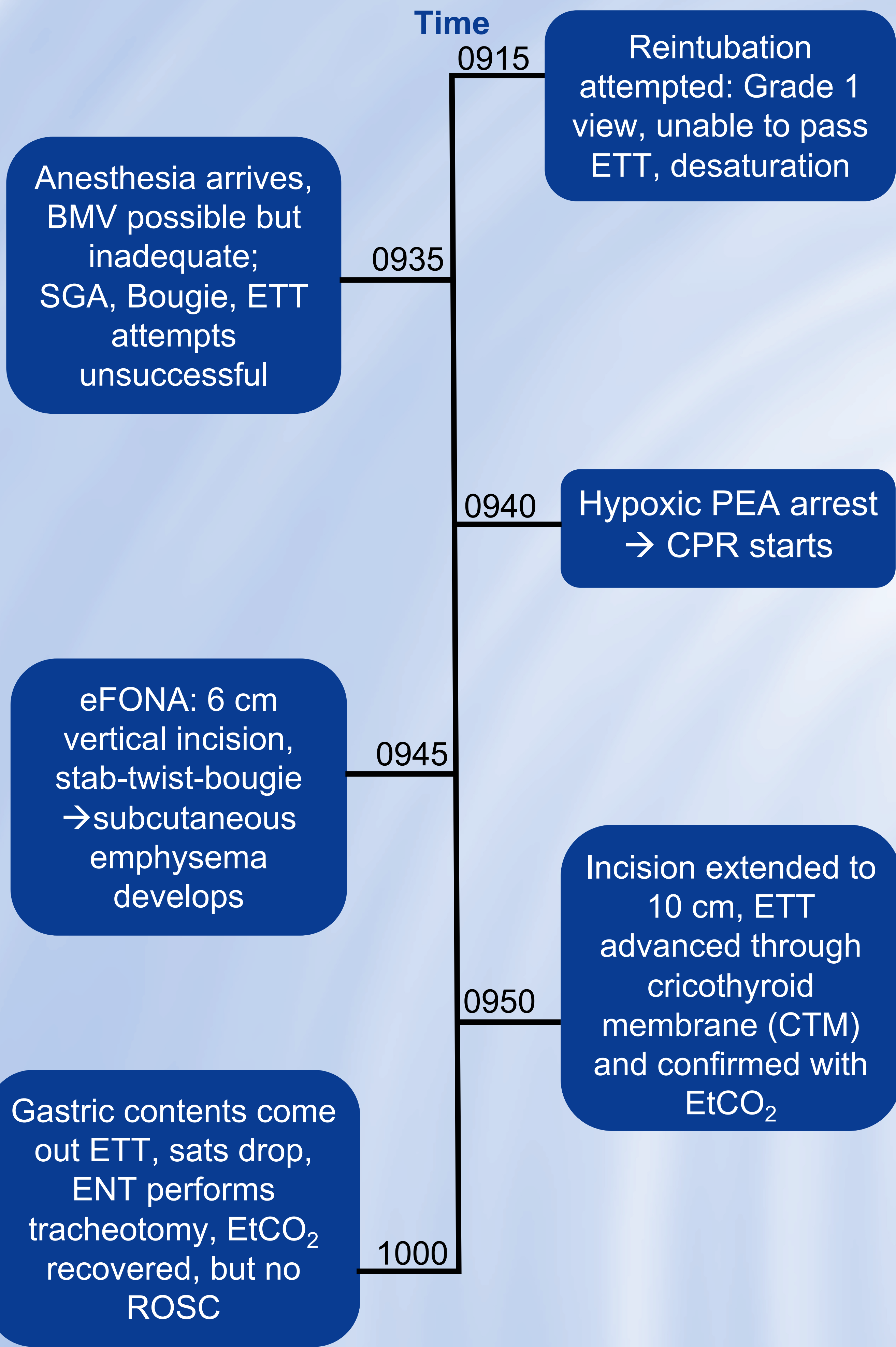


Difficult Airway in the ICU

67F with COPD, pulmonary hypertension, BMI >50 treated for mixed respiratory failure, intubated for 11 days.

Now extubated and developed stridor.



Time of death 1017

Any airway can be a difficult airway

Practice cricothyrotomy regularly!
Consult Anesthesia/ENT early.



Let's talk about:

- Use of paralytic
- Post-extubation stridor
- Extubation criteria
- Cuff leak tests
- Surgical airway practice models

References

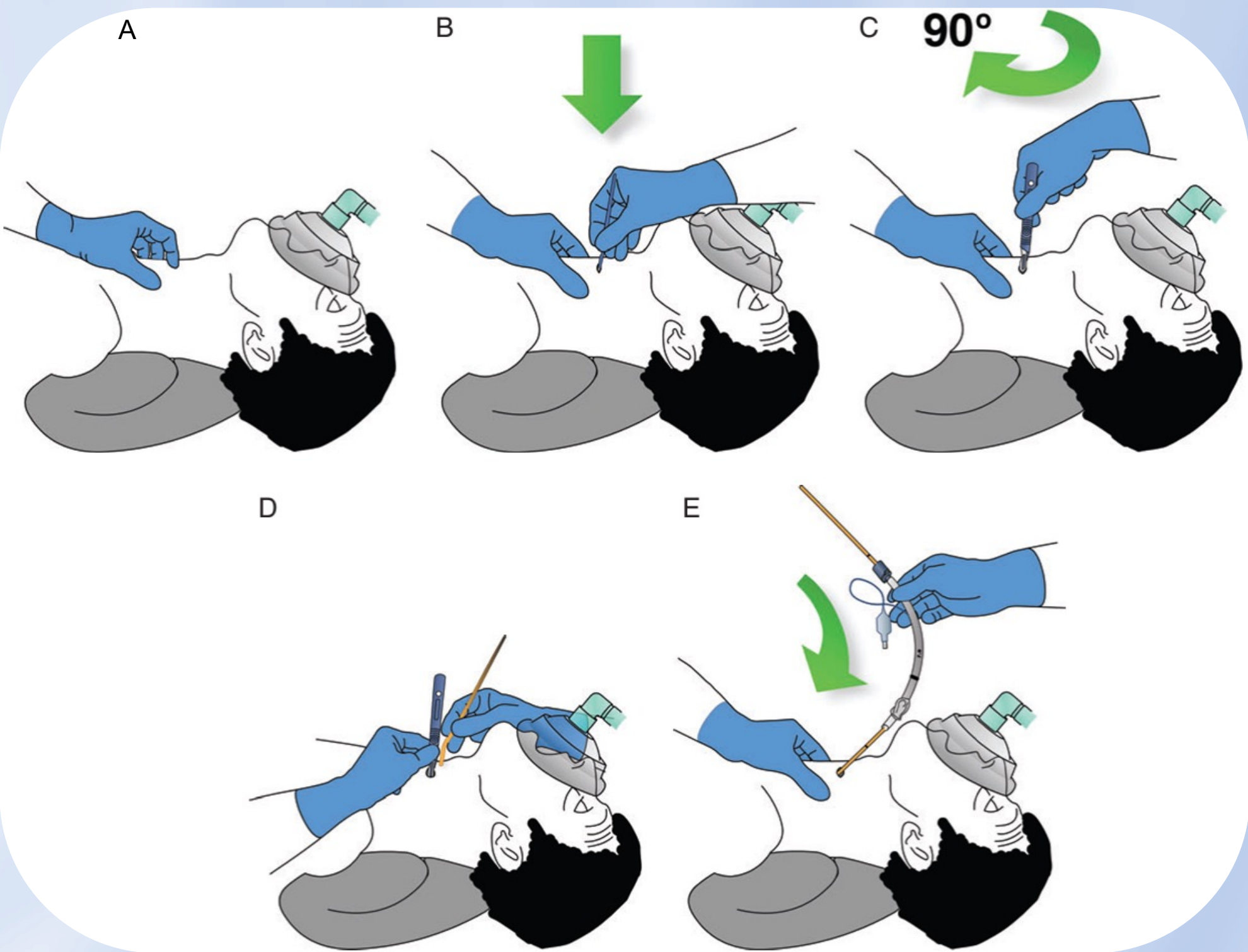
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Cricothyrotomy

Equipment: Scalpel with #10 blade, bougie with coude (angled) tip, tube, cuffed, size 6.0 mm.

Position: Full neck extension (NOT sniffing) to maximize access to CTM.



Steps:

1. Laryngeal handshake (A)
↓
(B, C, D)
2. Canadian Airway Focus Group : 4-6 cm longitudinal incision, stab-twist-bougie
Difficult Airway Society: If CTM palpable, stab-twist-bougie
If not palpable, 8-10cm longitudinal incision, stab-twist-bougie
3. Railroad tube over bougie (E)
4. Remove bougie and confirm placement by EtCO₂ waveform.