### Can't Intubate Can't Oxygenate (CICO) Emergency Protocol



### Best attempt at ventilation:



### **Bag/Mask Ventilation**



### **LMA Ventilation**



### Intubation & Ventilation

## NEEDLE Technique

14G cannula

5mL syringe

10mL saline

Rapid O<sub>2</sub> insufflator



### Low/falling O<sub>2</sub> saturations PLUS

Chest not moving

No fogging

No etCO<sub>2</sub>



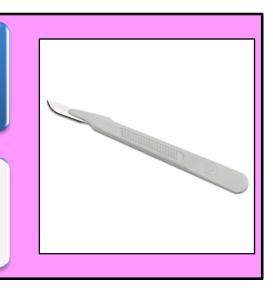
- 1) Declare CICO emergency
- 2) Call for difficult airway trolley
- 3) Open CICO kit → proceed to cricothyroidotomy

## SCALPEL Technique

Scalpel

Size 6.0 ETT

Bougie



### Can't Intubate Can't Oxygenate (CICO) Emergency Procedures



## **EEDLE Technique**

- 1. Assemble the syringe-saline-cannula as a unit
- 2. Stabilize the cricothyroid membrane with your LEFT hand
- 3. Advance the needle through the skin at 45° caudad angulation
- 4. "Aspirate as you go" until air fills up the full barrel of the syringe
- 5. Stabilize the needle by resting your RIGHT hand against the patient
- 6. Advance the cannula into the trachea & remove the needle
- 7. DO NOT RELEASE CANNULA HUB FOR REMAINDER OF THE PROCEDURE
- 8. Repeat free aspiration of air
- Connect Rapid O2 Insufflator & occlude sideport to deliver breaths
- 10. Deliver an initial 4-sec breath followed by 2-sec breaths every 30 seconds (aim for SpO2 80-85%)
- 11. Wake patient up **OR** convert to Melker Cricothyroidotomy tube

### SpO<sub>2</sub> not improving? Consider ...

- Re-wiring cannula (if kinked)
- Replacing cannula (if misplaced)
- Covering mouth/nose (if insufflated O<sub>2</sub> is escaping)
- If all else fails ... convert to SCALPEL Technique

# ALPEL Technique

- Stabilize the cricothyroid membrane with your LEFT hand
- 2. Hold scalpel in your RIGHT hand
- 3. Make a transverse stab incision through the membrane
- 4. Rotate the blade so that the cutting edge points caudally
- 5. Pull the whole scalpel towards you to create a triangular hole
- 6. Switch hands without letting go of the scalpel
- 7. Slide the bougie tip down the scalpel blade into the trachea
- 8. Remove the scalpel and advance the bougie down into the trachea
- 9. Railroad a lubricated 6.0 ETT into the trachea using a continual rotating motion
- 10. Inflate the cuff and ventilate using the standard anaesthetic circuit