**Tutor Guide – unanticipated DA + eFONA**

Thank you very much for helping with the airway mastery learning program. Attached is the pre-course material which trainees should read and complete before attending. It includes a checklist and you should use this when assessing them. A pass mark is included for eFONA (though not for unDA which we think may be more discussion based), and this should very much be regarded as formative rather than summative. Ideally the programme should be delivered as described here, but we recognise that not every department will be able to achieve this.

- Teaching takes up to 60 minutes depending on the trainee.
- There should ideally only be up to two trainees per tutor at a time.
- Ideally the trainee should also have had an opportunity to practice with the equipment on the manikin prior to the session.
- It is very important to create a safe space and non-threatening environment for the learner.

Stages of the process are:

1. Trainee reads pre-course material and watches video before attending.
2. Participant performs procedure on the manikin as a formative assessment.
3. Tutor gives specific feedback about the performance.
4. Trainee repeats procedure until you are happy they do it properly (this may need more than one session).

Skills to assess as part of formative assessment (use checklist):

1. Awareness of DAS algorithm for the unanticipated difficult airway.
2. Decision-making during failing airway management and plan transition (A-D).
3. Effective Scalpel eFONA.

Equipment:

- a manikin/ airway head
- a cricothyrotomy (neck) manikin
- an Airway Rescue Trolley
- DAS algorithm for the unanticipated difficult airway

Things to stress are:

- Decision-making – transition down the DAS algorithm + importance of *best attempt* at FM, SGA and ETT (with adjuncts).
- Preparation – equipment, staff (as for any routine GA).
- Demonstration of effective head positioning for plans A-C and then changing for Plan D.
- Demonstration of scalpel-bougie-tube eFONA.
- Confirmation of effective ventilation.
- Non-technical skills – help request; the team; transitioning at appropriate times, communication; prioritising oxygenation throughout.

Trainees should repeat the procedure until you are happy that they are doing it properly (see checklist).

**Unanticipated Difficult Airway Checklist** Date:

Trainee name: Tutor:

| Step | 1st attempt | 2nd attempt |
|---|---|---|
| **Pre-procedure** | | |
| Assessment of patient and airway | | |
| Ensure trained assistant and senior supervision | | |
| Confirm airway plan with anaesthetic assistant | | |
| Perform WHO sign in | | |
| Full monitoring including capnography | | |
| Ensure patent IV access | | |
| | | |
| **Procedure** | | |
| **Plan A** | **1st attempt** | **2nd attempt** |
| Optimise head and neck position | | |
| Preoxygenate | | |
| Adequate neuromuscular blockade | | |
| Laryngoscopy & intubation (Max 3 + 1 attempts) | | |
| Calls for help | | |
| Tries to improve view between attempts (BURP, GEB, changes laryngoscope) | | |
| Maintain oxygenation and anaesthesia | | |
| | | |

| Plan A – SUCCEED | 1st Att. | 2nd Att. | Plan A – Failure | 1st Att. | 2nd Att. |
|---|---|---|---|---|---|
| Confirms tracheal intubation with capnography | | | Declares "failed intubation" | | |
| Suggests proceeding with surgery or waking patient | | | Moves to Plan B | | |

| Plan B – SAD Insertion | 1st attempt | 2nd attempt |
|---|---|---|
| Attempt insertion of second-generation SAD (Max 3 attempts) | | |

| Plan A – SUCCEED | 1st Att. | 2nd Att. | Plan A – Failure | 1st Att. | 1st Att. |
|---|---|---|---|---|---|
| Confirm ventilation with capnography | | | Declares "failed SAD ventilation" | | |
| Wake the patient | | | Moves to Plan C | | |
| Suggests intubation via SAD | | | | | |
| Proceed without intubation | | | | | |

| Plan C – Face mask Ventilation | 1st attempt | 2nd attempt |
|---|---|---|
| Attempts face mask ventilation | | |
| Ensures adequate paralysis | | |
| Uses 2-person technique | | |

| Plan A – SUCCEED | 1st Att. | 2nd Att. | Plan A – Failure | 1st Att. | 1st Att. |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Confirms ventilation | | | Declares “can’t intubate can’t oxygenate | | |
| Wakes the patient up | | | Moves to Plan D | | |
| | | | | | |
| Plan D – eFONA | | | **1st attempt** | **2nd attempt** | |
| Locates cricothyroid membrane | | | | | |
| Scalpel – makes transverse incision and twists scalpel | | | | | |
| Bougie – inserts GEB | | | | | |
| Tube – railroads well lubricated size 6.0 mm ETT | | | | | |
| Confirms ventilation with capnography | | | | | |
| | | | | | |
| **Post-procedure** | | | | | |
| Formulates immediate airway management plan | | | | | |
| Monitors for complications | | | | | |
| Suggests completing airway alert form | | | | | |
| Suggests explaining to patient in person & writing once awake | | | | | |
| Suggests writing to GP | | | | | |
| | | | | | |
| **Throughout** | | | | | |
| Demonstrates effective leadership and communication | | | | | |
| Recognises a deteriorating situation early | | | | | |
| Demonstrates good decision making | | | | | |

Comments:

**eFONA Checklist**: Date:

Trainee name: Tutor:

| Step | 1st attempt | 2nd attempt |
|---|---|---|
| **Pre-procedure** | | |
| Attempts at rescue oxygenation via upper airway | | |
| Declares CICO | | |
| Ensure neuromuscular blockade | | |
| Stand on patients left hand side if you are right handed (reverse if left handed) | | |
| Ensure the patients head is extended | | |
| **Procedure** | | |
| Performs a laryngeal handshake to identify the laryngeal anatomy | | |
| Stabilises larynx and identifies cricothyroid | | |
| Scalpel – makes a transverse incision | | |
| Twists scalpel 90 degrees and applies traction towards them | | |
| Swaps scalpel to opposite hand | | |
| Bougie – inserts down side of scalpel, advances 10cm towards patients feet | | |
| Removes scalpel | | |
| Tube – railroads a lubricated size 6.0 mm over the bougie | | |
| Removes the bougie | | |
| Inflates the cuff and confirms ventilation with capnography | | |
| Secures the tube | | |
| **Post-procedure** | | |
| Postpones surgery unless immediately life threatening | | |
| Organises urgent surgical review of cricothyroidotomy site | | |
| Documentation of airway management | | |
| **Throughout** | | |
| Appropriate communication with assistant/team | | |
| Aware of CICO scenario and the need to restore oxygenation promptly | | |

Pass mark: 19/21

Comments: