

If CTM impalpable, <b>consider:</b>	<ul style="list-style-type: none"> <li>• Ultrasound scan front of neck / discuss with surgeons</li> <li>• Awake fiberoptic intubation</li> </ul>
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<b>Plan A</b> Intubation	<b>Max 3 attempts</b> +1 EXPERT	video/alternative laryngoscope	bougie or stylet	ELM <i>relax cricoid</i>	rotate ETT <i>if hold up</i>
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Position

Pre/nasal O<sub>2</sub>

ET CO<sub>2</sub>

NMB dose + monitoring

<b>Plan B</b> Oxygenation via SAD	<b>Max 3 attempts</b>	Declare failed intubation <b>Call for help</b>
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2nd generation SAD

**RSI** Remove cricoid to insert

Success → Wake patient up

Failure → **STOP THINK** Plan C

Keep SAD easy ventilation low aspiration risk

Fiberoptic, Aintree & ETT 7.0

<b>Plan C</b> Facemask ventilation	Declare failed SAD <b>Postpone surgery</b>
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2 person technique

Success → Wake patient up

Failure → Plan D

reverse NMB consider Sugammadex **ATACURIUM**

<b>Plan D</b> Stab, Twist, Bougie, Tube	Scalpel size 10 blade, rotate, bougie, size 6.0 ETT <b>Ensure paralysis</b>
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laryngeal handshake

transverse stab incision

rotate 90°

coude tip vertically down blade

ETT 6.0

<b>Plan D</b> Scalpel, finger	Impalpable cricothyroid membrane
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**Optional:** vertical incision 8-10cm

blunt dissection

**then, Stab, Twist, Bougie, Tube**