|  |
| --- |
| 3-6 Laryngospasm and stridor v.1 |
| * Laryngospasm usually occurs when a patient is in a light plane of anaesthesia and their airway is stimulated in some way. * Stridor is a sign and associated with laryngospasm (although it can have other causes). |

|  |
| --- |
| Box A: DRUG DOSES FOR TREATMENT OF LARYNGOSPASM |
| 0.25-0.5 mg.kg-1 i.v.:   * Propofol * Rocuronium * Atracurium * Suxamethonium (also i.m. including tongue 4.0 mg.kg-1) |

START.

❶ Call for help and inform theatre team of problem.

❷ Perform jaw thrust and stop any other stimulation.

❸ Remove airway devices and anything else that may be stimulating or obstructing the airway, e.g. suction catheters, blood or vomit (direct visualisation and suction if in doubt).

* A correctly positioned tracheal tube rules out laryngospasm.

❹ Give CPAP with 100% oxygen and face mask:

* Avoid over-vigorous attempts at lung inflation, as this may inflate the stomach.
* Insert an oro-pharyngeal and/or nasal airway if you are not sure that the airway is clear above the larynx.

❺ If problem persists:

* Continue CPAP.
* Deepen anaesthesia.
* Give a neuromuscular blocker (See Box A).

❻ Consider tracheal intubation particularly if likely to recur.

❼ Use nasogastric tube to decompress the stomach.

❽ Consider other causes (Box B).

❾ Consider whether guideline **2-3 Increased airway pressure** may help.

❿ Consider the appropriate strategy, location and support needed for waking the patient.

⓫ Continued airway and ventilation support may be necessary if aspiration has occurred or if the patient has developed negative-pressure pulmonary oedema.

|  |  |
| --- | --- |
| Box B: ALTERNATIVES and MIMICS | |
| Foreign body  Infection of larynx/upper respiratory tract  Anaphylaxis  Airway tumour  Vocal cord paralysis | Intrinsic laryngeal or tracheal obstruction  Extrinsic laryngeal or tracheal compression  Sub-glottic stenosis  Laryngo/tracheomalacia |

|  |
| --- |
| Box C: CRITICAL CHANGES |
| * Cardiac arrest → 2-1 * Hypoxia/desaturation/cyanosis → 2-2 * Increased airway pressure → 2-3 * Hypotension → 2-4 * Bradycardia → 2-6 |

The Association Of Anaesthetists of Great Britain & Ireland 2018. **www.aagbi.org/qrh** Subject to Creative Commons license CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details. The guidelines in this handbook are not intended to be standards of medical care. The ultimate judgement with regard to a particular clinical procedure or treatment plan must be made by the clinician in the light of the clinical data presented and the diagnostic and treatment options available.

3-6