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| 3-3 Can’t intubate, can’t oxygenate (CICO) v.1 |
| This is the last resort when all other attempts to oxygenate have failed. |

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| BOX A: CRITICAL CHANGES |
| Cardiac arrest → 2-1 |

START.

❶ Check optimal airway management is in place and maintain anaesthesia: supply 100% oxygen either by tightly fitting facemask, supraglottic airway device or nasal high flow.

❷ ConsiderONE final attempt at rescue oxygenation via upper airway if not already done.

❸ Declare CICO and call for help (additional staff and surgical airway expertise e.g. ENT, ICU).

❹ Call for airway rescue trolley and then cardiac arrest trolley.

❺ Give neuromuscular blocking drug now.

❻ Prepare for Front of Neck Access – FoNA (see Box B).

❼ Check that the patient is positioned with full neck extension.

❽ Operator position:

* **Right-handed** operator stands on patient’s **left** hand side.
* **Left-handed** operator stands on patient’s **right** hand side.

**❾** Perform a ‘laryngeal handshake’ to identify the laryngeal anatomy**.**

❿ Perform FoNA using technique in Box C to intubate trachea via cricothyroid membrane. ***(If cricothyroid membrane cannot be identified, use technique in Box D).***

⓫ Secure tube, continue to oxygenate patient and ensure adequate depth of anaesthesia.

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| BOX B: EQUIPMENT INSTRUCTIONS |
| Airway rescue trolley, FoNA drawer:   * Scalpel with number 10 blade * Bougie with coudé (angled) tip * Tracheal tube, cuffed, 6 mm |

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| BOX C: (stab, twist, bougie, tube technique) |
| * Identify the cricothyroid membrane *(If unable, go to Box D)* * Single transverse incision through skin and membrane * Rotate scalpel 900 with sharp edge facing caudally * Slide angled tip of bougie past the scalpel into the trachea * Railroad tube over bougie |

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| BOX D: IF BOX C FAILS (scalpel, finger, bougie technique) |
| * Make an 8-10 cm vertical incision head to toe orientation * Use blunt dissection to retract tissue to identify trachea * Stabilise the trachea and proceed as in Box C through the cricothyroid membrane |

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