THE DIFFICULT AIRWAY WALKER FOLAND, DO, FACEP

CREDENTIALS

BOARD CERTIFIED EM DOC- 14 YEARS OF PRACTICE

TACTICAL MEDICINE SPECIALIST

COVENANT ECC ADMINISTRATOR AND GERIATRIC ED DIRECTOR

SERVED ON STATE MEDICAL BOARD

CURRENT HEALTH COMMISSIONER FOR DHHS

STORY TIME- INTRO

- 47 YO Female
- CC: neck swelling
- HPI: Patient had thyroidectomy yesterday at U of M.
- She is having trouble breathing... We take her to a trauma room.

BE PREPARED

Assume all airways will be difficult

Have equipment ready

- ET tube
- Suction
- Bougie
- Blade(DL v VL)
- Back up Blade
- Cric kit

Attempt with VL and/or DL

- Advantages and Disadvantages to both
- Cric pressure

Attempt with Bougie

- Does not work with VL only DL
- Bury it

- If you used VL, try DL

Use your resources

- Let someone else try
- Call anesthesia
- Bag through it
- Mark the neck in case of cric

IF THE PATIENT CRASHES, AND YOU CANNOT BAG THROUGH IT, AND YOUR BACK UPS HAVE FAILED.

NO PATIENT DIES AN AIRWAY DEATH WITHOUT A HOLE IN THEIR NECK

THE CRIC

THREE SIMPLE STEPS

- Finger
- Knife
- Bougie

THE CRIC

What you need

- Bougie
- 11 Blade
- 6.0 ET tube



THE CRIC

How do you do it?

- Finger- find the cricothyroid membrane
- Knife- Vertical incision in skin, horizontal through membrane
- Bougie- insert into trach
- ET Tube- over bougie, inflate cuff

STORY TIME- CONCLUSION

Attempt VL

Attempt DL

Attempt Bougie

BP dropping... Hypoxia

CRIC

Outcome 1 year out



PREPARE YOUR EQUIPMENT

ORDER OF OPERATIONS

-VL/DL

-BOUGIE

-BACKUPS

-CRIC- FINGER, KNIFE, BOUGIE

NO ONE DIES AN AIRWAY DEATH WITHOUT A HOLE IN THEIR NECK



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