

3-3 Can't intubate, can't oxygenate (CICO) v.1

This is the last resort when all other attempts to oxygenate have failed.

START

- 1 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.
- 2 Consider ONE final attempt at rescue oxygenation via upper airway if not already done.
- 3 Declare CICO and call for help (additional staff and surgical airway expertise e.g. ENT, ICU).
- 4 Call for airway rescue trolley and then cardiac arrest trolley.
- 5 Give neuromuscular blocking drug now.
- 6 Prepare for Front of Neck Access – FoNA (see Box B).
- 7 Check that the patient is positioned with full neck extension.
- 8 Operator position:
 - **Right-handed** operator stands on patient's **left** hand side.
 - **Left-handed** operator stands on patient's **right** hand side.
- 9 Perform a 'laryngeal handshake' to identify the laryngeal anatomy.
- 10 Perform FoNA using technique in Box C to intubate trachea via cricothyroid membrane. *(If cricothyroid membrane cannot be identified, use technique in Box D).*
- 11 Secure tube, continue to oxygenate patient and ensure adequate depth of anaesthesia.

BOX A: CRITICAL CHANGES

Cardiac arrest → 2-1

BOX B: EQUIPMENT INSTRUCTIONS

Airway rescue trolley, FoNA drawer:

- Scalpel with number 10 blade
- Bougie with coudé (angled) tip
- Tracheal tube, cuffed, 6 mm

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 90° with sharp edge facing caudally
- Slide angled tip of bougie past the scalpel into the trachea
- Railroad tube over bougie

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