Queensland Paediatric Airway Management Algorithm

Guides

Age	Cuffed ETT Size	ETT Depth	LMA	Laryngoscope	NGT size
0	3	10			6-8
	3.5	12			
1			1	1	8
2	4	13			
3					
4	4.5	14			10
5			2	2	
6	5	15			10-12
7					
8	5.5	16			
9			3		12
10	6	18		3	
11					
12			4		
13	6.5	19		4	12-14
14	Adult Sizes				
15					
16					

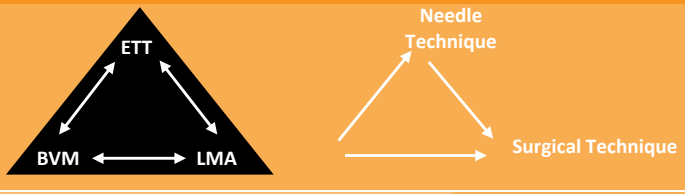
1 Optimise:

• **Patient Location**	- Resus, OT - Call for help - ED Consultant / anaesthetics / critical care
• **Respiratory function**	- Airway open, 20 degree head up, consider NGT - High flow nasal cannulae
• **Patient position**	- Ear-sternal notch, face parallel to ceiling, midline, bed height
• **Pre-oxygenation**	- NRBM, Consider NIV / Hi-flow / BVM / T-piece
• **Haemodynamics**	- Beware hypotension, consider fluid / Adrenaline
• **Is difficult intubation expected?**	- Anatomy - Pathology (burns, anaphylaxis, epiglotitis) - Physiology (critical illness)

2 Designate and Identify:

PEOPLE	EQUIPMENT	MONITORING	DRUGS (DEFAULT)
☐ Intubator	☐ Self inflating bag	☐ Capnography	☐ Induction - Ketamine 1-2 mg/kg
☐ Second Intubator	☐ Suction	☐ SpO2	☐ Paralysis - Rocuronium 1.2 mg/kg
☐ Airway Nurse	☐ NPA/OPA	☐ ECG	☐ Prepare fluid bolus, Adrenaline, Atropine
☐ Drugs	☐ ETT + alt sizes	☐ BP	
☐ Scribe	☐ Laryngoscope x 2		
☐ C-spine (PRN)	☐ Bougie		
	☐ LMA		
	☐ Difficult Airway Kit		
	☐ Tape+syringe		

3 Run resus brief and confirm plans:



Give induction drug and continue nasal O2 (2 L/kg/minute or 15 L/minute)	- Confirm ability to BVM prior to paralysis
↓ **Give paralytic agent**	
↓ **Secure and confirm airway**	- Capnography, auscultate, fogging, chest movement
↓ **Post intubation cares**	- Sedation, NGT, CXR, VBG, optimise haemodynamics and ventilation, documentation