

Airway Nightmares

Project ECHO

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Topic today:

What techniques and equipment can you deploy readily to mitigate potentially disastrous airways.

Nightmare Scenarios:

- 1). Jaw wired shut
- 2). Angioedema
- 3). Massive emesis

3 things you can do to improve your chances of success on your next airway:

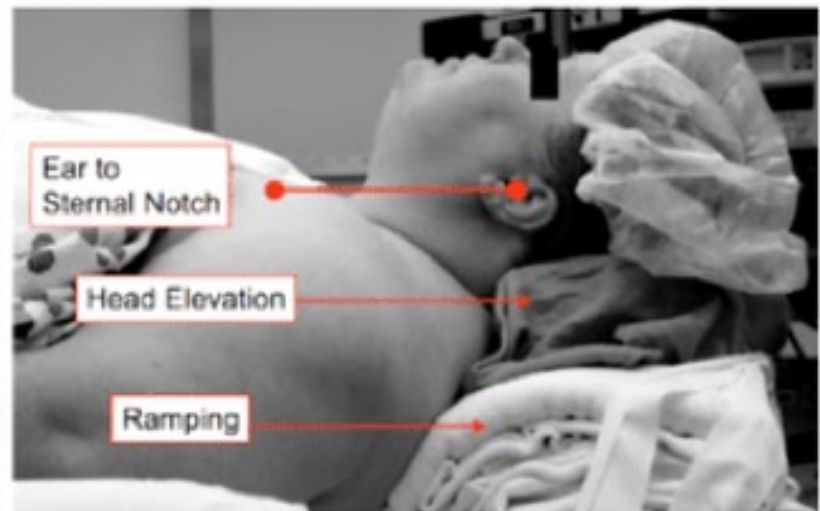
- 1). Positioning
- 2). The laryngeal handshake
- 3). Active suctioning

“Positioning doesn’t occur *before* airway management
—*it is airway management*”

Joshua Stille, M.D. FAEMS

Chief, Division of EMS at University of Missouri Health Care







The Laryngeal Handshake



Active Suctioning



Problem:

Wired Jaw



Problem:

Limited Oral and hypopharyngeal space for insertion of laryngoscope or supraglottic airway

Ludwig's Angina



Airway/brief research report

Emergency Department Airway Management of Severe Angioedema: A Video Review of 45 Intubations

Presented as an abstract at the 2014 Society for Academic Emergency Medicine annual meeting, Dallas, TX, May 2014.

Brian E. Driver MD   , John W. McGill MD

“The intubating laryngeal mask airway proved a very effective backup device in this series, succeeding in cases in which both fiberoptic nasal intubation and video and direct laryngoscopy failed.”



1.00

Problem:
Massive Airway Contamination





Pathophysiology of Airway Contamination

Negates ventilation by mask or supraglottic airway



Neutralizes apneic oxygenation

Negates all forms of endoscopy



SALAD manages airway contaminants while assisting the rescuer in placing basic and advanced airways.

It *proactively* addresses the contaminated airway

Creates *space* to utilize
airway
Management devices



Airway Contamination (vomit, blood, etc.):

1. One of the principle causes of failure to intubate on first-attempt
2. Causes pulmonary aspiration, *a major cause of death*
3. If not proactively managed, requires *multiple attempts* to intubate a patient

How frequently do contaminated airways occur in resuscitation?

What is the incidence of regurgitation during an out-of-hospital cardiac arrest? Observational study

Daniel Jost, Pascal Dang Minh, Noémie Galinou, Laure Alhanati, Florence Dumas, Frédéric Lemoine and Jean-Pierre Tourtier

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3104 OOHCA

25% before arrival

7% ETI

Prospective
observational study
of all OOHCA > 18 yo
calendar year 2013
France

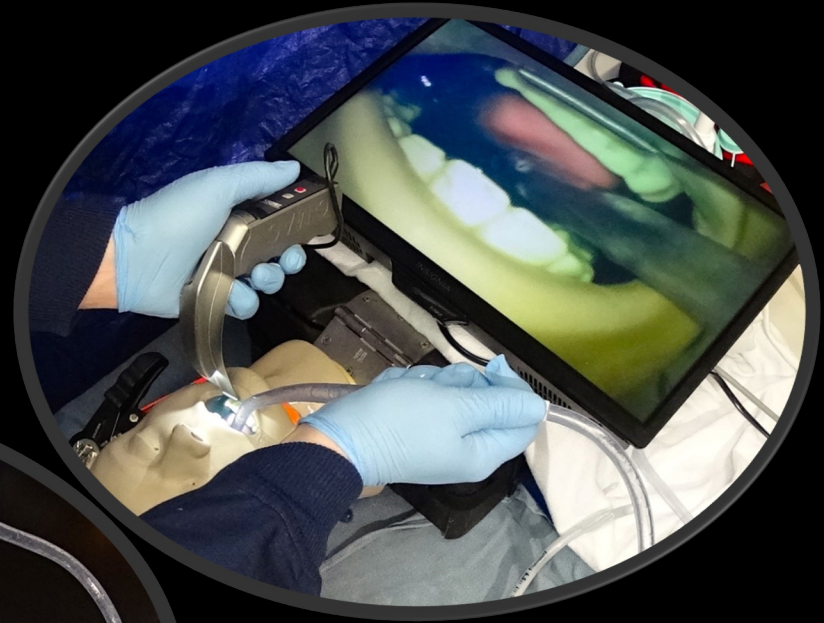
Specific steps in the SALAD Technique

1. Opening jaw and compressing tongue into floor of mouth— while suctioning



Replaces the “Scissor Technique” with a rigid tongue depressor

2. Assists insertion of oral airway, SGA or laryngoscope



3. Manipulation of tongue and pharyngeal tissues to maximize the view and placement of a laryngoscope



**Rigid Suction
Catheter
Distracts Lower
Mandible and
Tongue to
Permit
Laryngoscope
Insertion.**

4. Provides continuous decontamination of the hypopharynx during laryngoscopy



SALAD Park
Maneuver

RSC is repositioned to
the left of the
laryngoscope blade,
with its tip into the
upper esophagus.



Gunshot wound
to face

SALAD
Technique



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