3-3 Can’t intubate, can’t oxygenate (CICO) * TEST VERSION – NOT FOR CLINICAL USE *

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.

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**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