



CSOP 013 - Pre Hospital Emergency Anaesthesia

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| Version No: 3.3 | 18/09/2023 |
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Annex 2

Thirty Second Drills

The first attempt at intubation is the one that is most likely to succeed and least likely to be associated with a deterioration in the patient's condition. Therefore, make every effort to optimise the chance of a successful intubation at the first attempt.

Attempts at intubation should be limited to no more than thirty seconds. At the end of thirty seconds, or earlier if desaturation occurs, if intubation has not been achieved STOP, verbalise what you have found and attempt to ventilate the patient.

Change one or more of the following for the next attempt:

- Change operator
- Change operator position
- Change patient position
- Release cricoid pressure
- Laryngeal manipulation
 - Backwards, upwards, rightwards pressure (BURP)
 - The intubator can directly position the hand of an assistant to optimise the view
- Change the VL / laryngoscope blade
- Release C-spine immobilisation

If you make no change, you will get the same view.

After two failed intubation attempts proceed to the Failed Intubation Drill.

At the discretion of the team it is acceptable to move to the Failed Intubation Drill after one failed attempt.

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