DOSES BELOW

Unanticipated difficult intubation

START HERE · Call for help and maintain oxygen delivery
After unexpected difficulty, declare the problem. Call the next plan aloud, optimize position and confirm ventilation by waveform capnography.

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Move to the next plan when the current one fails

A · Tracheal intubation fails →	Optimize each attempt. Limit to three, with one additional attempt by a more experienced operator if appropriate. Then declare failed intubation and move to B.
B · Supraglottic rescue →	Try a second-generation device, up to three attempts. If ventilating, stop and decide with the team. If it fails, move to C.
C · Final optimized mask ventilation →	Use two-person technique and adjuncts after ensuring adequate block. If ventilation works, maintain oxygenation and plan the next step.
D · Cannot intubate, cannot oxygenate →	Declare the emergency and perform emergency front-of-neck access per DAS and the hospital pathway.

DOSE AND ADMINISTRATION

Neuromuscular blockade Local order	**Neuromuscular blocker and dose per anesthetic plan and monitoring.** [5]

Reassess and escalate · Reconfirm sustained waveform capnography after rescue. Debrief, document and advise the patient.

Clinical scope · This is not an emergency front-of-neck procedure tutorial. Use the full adult algorithm and local airway training; do not delay escalation while repeating failed attempts.

Official algorithm

Sources [5] DAS 2025