

# Loss of Airway in Prone Position

## Immediate Action

- Declare 'Anaesthetic Emergency' to theatre team
- Press emergency buzzer
- Oxygenate via face mask with 100% oxygen
- Consider LMA / iGel insertion
- Bring the difficult airway trolley into theatre
- Tell surgeon to prepare for rapid de-proning
- Prepare patient trolley to roll patient onto

If unable to oxygenate in prone position immediately de-prone patient

## Useful Drugs

### Propofol

Preparation Neat in 20ml or 50mL syringe

Dose Guided by Anaesthetist

### Rocuronium

Preparation 100mg in 10mL (found in the fridge)

Dose As guided by the Anaesthetist

## Ongoing Management 0-15 mins

### Airway Protection

- Attempt to insert iGel in prone position
- Confirm placement with ETCO<sub>2</sub>

**If unable to secure airway immediately de-prone patient**

### Ventilation

- Confirm adequate ventilation – Tidal Volumes
- Check SpO<sub>2</sub> trace

### Definitive airway management

- Liaise with surgical team regarding the length of surgery remaining
- Is the supraglottic airway adequate? – In most situations de-proning and securing ETT is the safest option however this must be weighed against the surgical risks of de-proning mid procedure.
- Once airway secured consider potential aspiration. Due to position this is unlikely but have a low threshold for further investigation.
- If deproned in emergency consider additional prophylactic antibiotics