

### Paediatric Airway Emergencies and ENT Emergencies in Children Guide

Following emergency cases where ENT assistance was required it was felt a guide may assist the attending anaesthetist.

Typical cases may include

- Stridulous child secondary to infection for intubation, stabilisation and transfer.
- Swallowed or inhaled foreign body for bronchoscopy.
- When difficulty in ventilation or intubation of a child is anticipated or in a Can't Intubate, Can't Ventilate (CICV) situation as DAS APA algorithm.

#### Contacting ENT

When ENT assistance is required contact should be made via Monklands switchboard with the on-call ENT doctor.

However if immediate Consultant ENT attendance is required phone them directly via Monklands switchboard.

#### Planning

Pre operative discussion with the ENT surgeon is essential in agreeing a plan.

Equipment should be checked prior to the case. They will rarely request gas insufflation via the bronchoscope however you should check the connector to the bronchoscope is present within the Manujet 2 case in case this is required emergently during a case. Paediatric bronchoscopes are sized by external diameter. The ENT surgeon may ask the anaesthetist their opinion on size of bronchoscope in which case it may be useful to look at the external diameter of your intended ETT on the packaging to assist them.

#### Conduct

In paediatric bronchoscopy cases, e.g. for swallowed or inhaled foreign body, the ENT surgeon will usually expect a gas induction in theatre to enable continuation of spontaneous respiration. The Ayre's T piece can then be connected to the bronchoscope to enable maintenance of anaesthesia and oxygenation during the ENT surgeon's laryngoscopic/bronchoscopic evaluation of the airways.