

GUIDELINES FOR THE USE OF THRIVE™ IN THEATRE

THRIVE™ is used to improve pre-oxygenation and prolong the apnoeic period prior to establishing a definitive airway.

THRIVE™ equipment should be used as an alternative to conventional pre-oxygenation.

In cases where THRIVE™ cannot be used, a NODESAT (Nasal Oxygen During Efforts Securing A Tube) approach with nasal cannula should be considered.

AIRWAY MANAGEMENT

IN ALL CASES there must be **A PLAN FOR AIRWAY MANAGEMENT** and **A BACKUP PLAN FOR FAILURE**. This **MUST BE AGREED BEFORE INDUCTION**.

THRIVE™ is an adjunct. **IT IS NOT A SUBSTITUTE FOR DEFINITIVE AIRWAY MANAGEMENT.**

A CONSULTANT ANAESTHETIST MUST BE PRESENT OR ON ROUTE TO THE HOSPITAL

ACCEPTABLE USES:

- Morbid obesity (BMI>45 kg/m²)
- Hypoxia in a critically ill patient with reversible pathology
- Difficulty anticipated with airway management
- Patient established on high flow oxygen in ICU/HDU
- Airway surgery (especially to facilitate a 'tubeless field')

CONTRAINDICATIONS:

- Epistaxis
- Base of skull fracture suspected or demonstrated
- THRIVE™ is an aerosol generating procedure and appropriate precautions must be taken

References

1. Patel A, Nouraei SAR. Transnasal Humidified Rapid-Insufflation Ventilatory Exchange (THRIVE): a physiological method of increasing apnoea time in patients with difficult airways. *Anaesthesia* 2015; **70**: 323–9
2. Badiger S, John M, Fearnley RA and Ahmad I. Optimizing oxygenation and intubation conditions during awake fibre-optic intubation using a high-flow nasal oxygen-delivery system. *Br. J. Anaesth.* 2015; **115**: 629-32
3. Ramachandran SK, Cosnowski A, Shanks A, et al. Apneic oxygenation during prolonged laryngoscopy in obese patients: a randomized, controlled trial of nasal oxygen administration. *J Clin Anesth.* 2010; **22**: 164–8
4. Sud A, Patel A. THRIVE: five years on and into the COVID-19 era. *Br. J. Anaesth.* 2021; **126**: 768-733