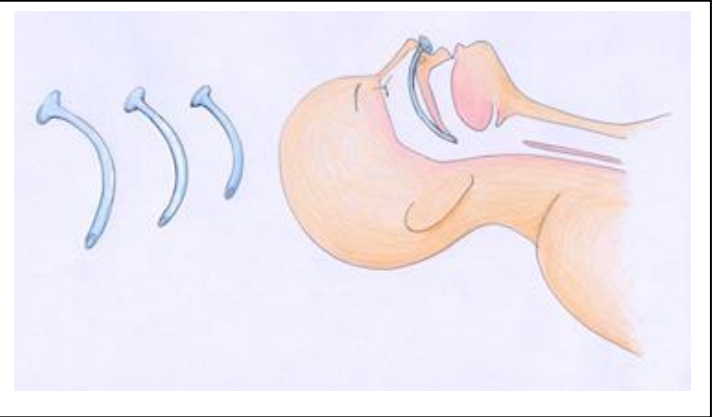
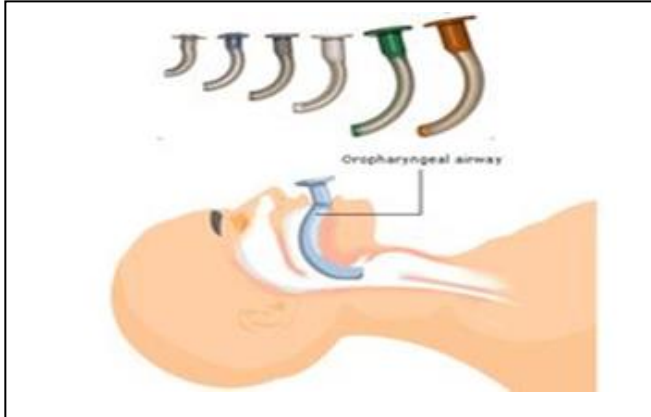


## RESUSCITATION

### AIRWAY ASSESSMENT

When assessing the unwell patient 'A' for Airway obviously comes first.

At the most basic level of assessment and management the clinician should recognise when a patient isn't protecting their own airway, and take steps to correct this either with simple airway manoeuvres or the insertion of an airway adjunct e.g. oropharyngeal or nasopharyngeal airway.



If the patient persists in their current state despite intervention, they are likely to warrant definitive airway protection. This usually represents orotracheal intubation achieved by rapid sequence intubation method.

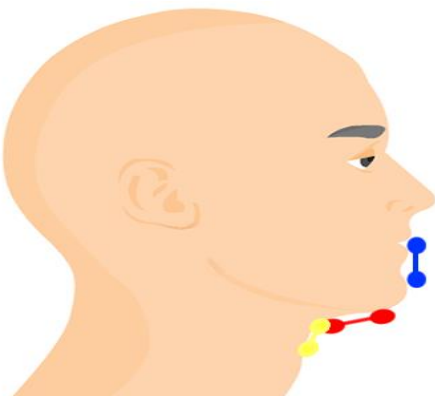
In order to predict and prevent difficult endotracheal tube placements an airway assessment should be undertaken.

**One method of doing so follows the mnemonic 'L-E-M-O-N'**

#### **Look externally**

Is there obvious evidence indicating difficulty e.g. facial trauma, blood/ fluid coming from the mouth/ nose, wearing a C- spine collar

#### **Evaluate using the 3-3-2 rule**



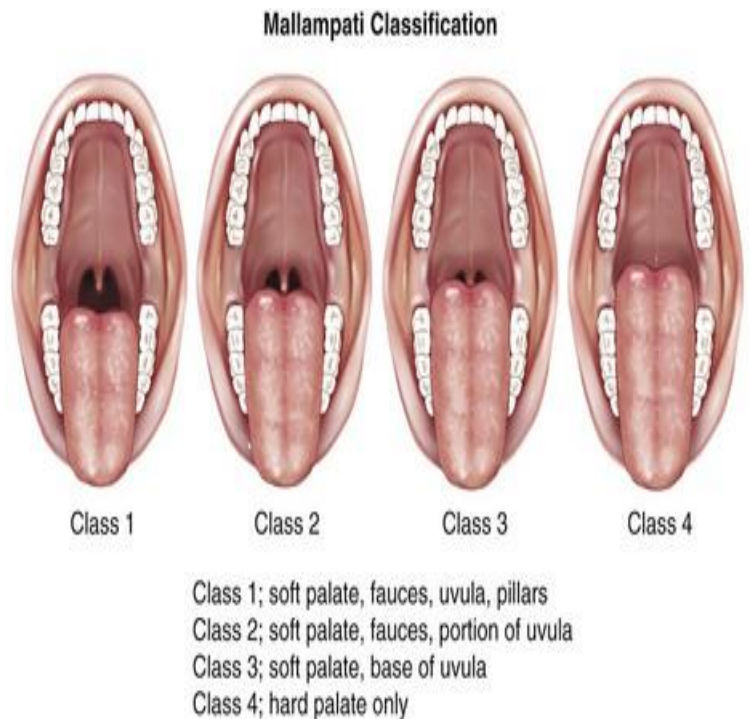
- Can the patient **open their mouth** 3 cm or 3 finger widths
- Is the mandible length 3 or more centimetres/ finger widths from the mentum (**chin**) to the **hyoid bone**
- Is the distance from the **hyoid bone to the thyroid cartilage** more than 2cm or 2 finger widths

## Mallampati classification

When done electively the patient should stand, open their mouth, stick out their tongue & say 'Ahh'.

The grading from I- IV is based on how much of the uvula and soft palate is visible

In the emergent setting it is still worth trying. If it is a Mallampati grade one with limited patient co-operation then it is likely to be a grade one Cormack-Lehane (laryngeal) view also. If very little is visible then you should be predicting a difficult airway and thinking of possible alternatives.

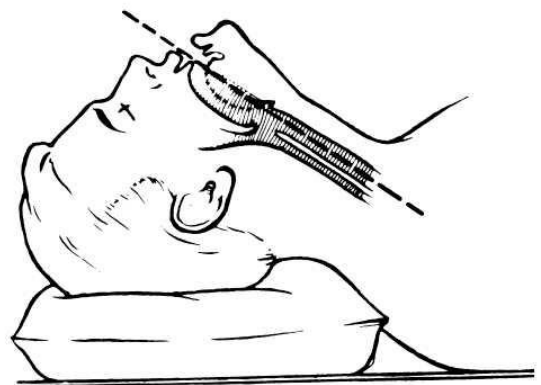


## Obstruction

Look for foreign material in the airway, soft tissue swelling, burns, obesity, face or neck trauma etc.

## Neck

Can the patient extend their neck and is it safe to do so?



## Cormack- Lehane Laryngoscopy Grade

The Cormack-Lehane system classifies views obtained by **direct laryngoscopy**.

Grades from I- IV based on the structures seen.

It roughly corresponds to the Mallampati score i.e.:

**Mallampati I = Cormack Lehane I >99% of the time**

