

SOCIETY FOR SAMBA ANESTHESIA
Outpatient • Office Based • Non-Operating Room

2022 SAMBA ANNUAL MEETING
MAY 11 – 14, 2022



ASA Difficult Airway Algorithm

What is new and Why?: An Interview with Basem Abdelmalak, MD, FASA, SAMBA-F

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The Group Responsible

2022 American Society of Anesthesiologists Practice Guidelines for Management of the Difficult Airway*

Jeffrey L. Apfelbaum, M.D., Carr A. Hagberg, M.D., Richard T. Connis, Ph.D., Basem B. Abdelmalak, M.D., Marwan A. Agarwal, M.D., Philip J. Ricardi, P. Dutton, M.D., John E. Fessler, M.D., John E. Gravenstein, M.D., P. Allan Klock, Jr., M.D., David Mervin, M.D., Sheila N. Myhra, M.D., Ellen P. O'Sullivan, M.D., William H. Rosenblatt, M.D., Massimiliano Sorbello, M.D., Avery Ting, M.D.
Anesthesiology 2022; 136:31-81



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The Collaborating Societies

- The American Society of Anesthesiologists (ASA)
- All India Difficult Airway Association (AIDAA)
- European Airway Management Society (EAMS)
- European Society of Anaesthesiology and Intensive Care (ESAIC)
- Italian Society of Anesthesiology, Analgesia, Resuscitation and Intensive Care
- Learning, Teaching and Investigation Difficult Airway Group
- Society for Airway Management (SAM)
- Society for Ambulatory Anesthesia (SAMBA)
- Society for Head and Neck Anesthesia (SHANA)
- Society for Pediatric Anesthesia (SPA)
- Society of Critical Care Anesthesiologists (SOCCA)
- The Trauma Anesthesiology Society

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ASA DIFFICULT AIRWAY ALGORITHM: ADULT PATIENTS
Pre-intubation: Before attempting intubation, choose between either an awake or post induction airway strategy. Choice of strategy and technique should be made by the physician managing the airway.

Key feature: Always evaluate for emergency invasive airway and never assume airway is secure.

Decision tree:

- If suspected difficult laryngoscopy or intubation with face mask/supraglottic device:
 - If increased risk of aspiration? Yes → Proceed with intubation attempt (OPTIMIZE PATIENT POSITIONING THROUGHOUT).
 - If no → Proceed with ventilation attempt.
- If suspected difficult extubation/invasive airway:
 - If increased risk of rapid desaturation? Yes → Proceed with extubation attempt (LIMIT ATTEMPTS).
 - If no → Proceed with ventilation attempt.
- If neither:
 - If increased risk of aspiration? Yes → Proceed with intubation attempt (OPTIMIZE PATIENT POSITIONING THROUGHOUT).
 - If no → Proceed with ventilation attempt.

Flowchart steps:

- Initial assessment: Suspected difficult laryngoscopy or intubation with face mask/supraglottic device? (Yes → Proceed with intubation attempt; No → Proceed with ventilation attempt).
- Intubation attempt with patient awake: Assess patient position → If successful → Proceed with ventilation attempt. If failed → Consider alternative approaches (e.g., cervical spine immobilization, non-endotracheal intubation, consider airway exchange, etc.).
- Intubation attempt after induction of general anesthesia: Assess patient position → If successful → Proceed with ventilation attempt. If failed → Consider alternative approaches (e.g., cervical spine immobilization, non-endotracheal intubation, consider airway exchange, etc.).
- Emergency airway: Assess patient position → If successful → Proceed with ventilation attempt. If failed → Consider alternative approaches (e.g., cervical spine immobilization, non-endotracheal intubation, consider airway exchange, etc.).
- Emergency extubation: Assess patient position → If successful → Proceed with ventilation attempt. If failed → Consider alternative approaches (e.g., cervical spine immobilization, non-endotracheal intubation, consider airway exchange, etc.).

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DIFFICULT AIRWAY INFOGRAPHIC: ADULT PATIENTS

Part 1: Pre-Airway Management Decision Making Tool (planning)

This tool can be used to choose between the awake or post induction airway strategy. Each assessment should be made by the physician managing the airway using their techniques of choice.

Decision tree:

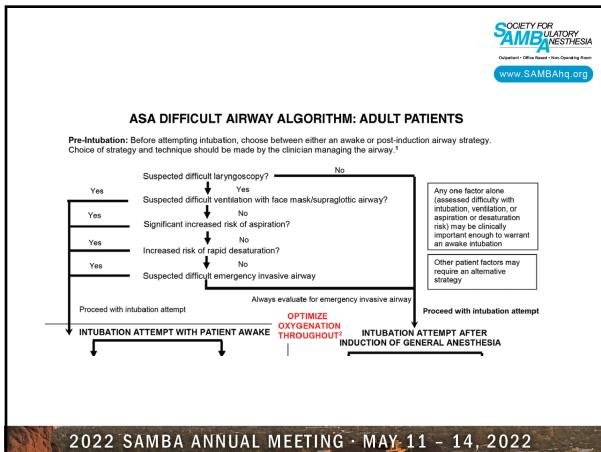
- If suspected difficult laryngoscopy or intubation with face mask or supraglottic device? (Yes → Suspected difficult ventilation with facemask or supraglottic device; No → Significantly increased risk of aspiration? Yes → Increased risk of rapid desaturation? Yes → Proceed with ventilation attempt; No → Always evaluate for emergency invasive airway).
- If no → Significantly increased risk of aspiration? (Yes → Increased risk of rapid desaturation? Yes → Proceed with ventilation attempt; No → Always evaluate for emergency invasive airway).

Part 2: Awake Airway Management

Part 3: Airway Management with Induction of Anesthesia

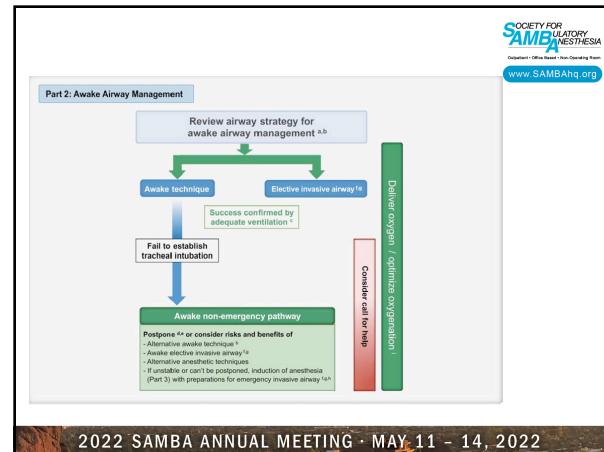
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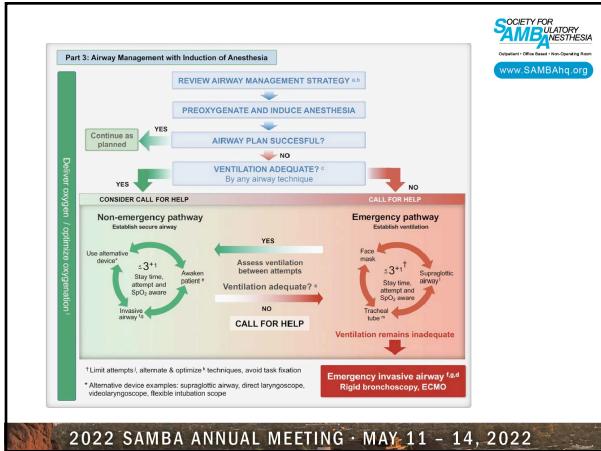
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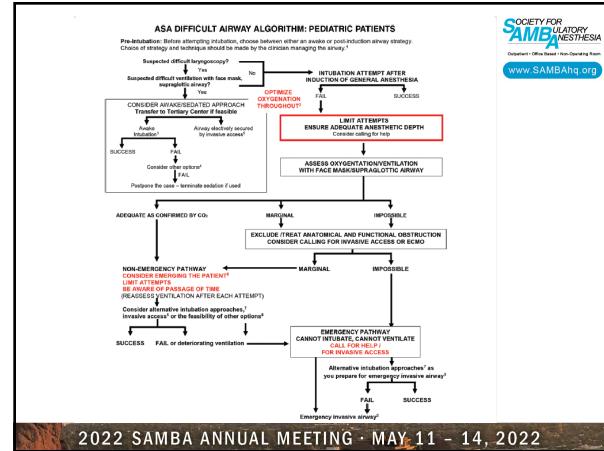
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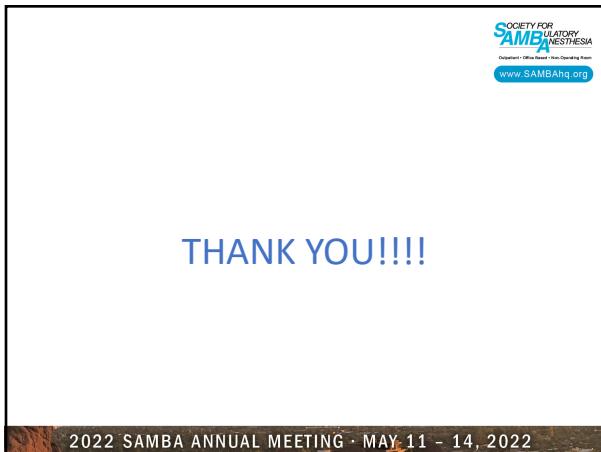
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