

Achieving the correct "sniffing position"

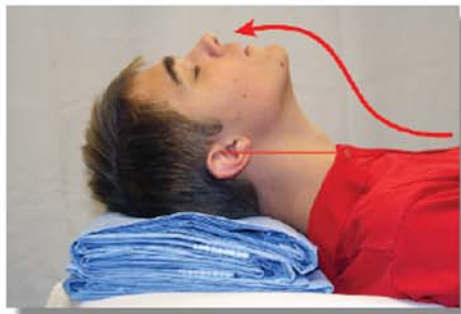
Resting position.
Laryngoscopy will be difficult in this position.



In the first step, the head is elevated, flexing the neck forward. Laryngoscopy will still be difficult in this position.

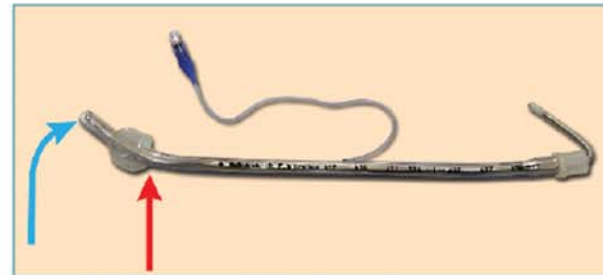


In the second step, the head is extended on the neck, achieving the correct sniffing position where laryngoscopy should be the easiest.



STYLET SHAPE

Most emergency intubations are done with a stylet. I was taught to use a "soft-curve" for medical intubations and a "hockey-stick" for trauma intubations. Based on recent research the stylet should initially be shaped so that the tube is straight all the way to the proximal start of the cuff (or where the cuff would be in the case of un-cuffed tubes) and then bent slightly, but not more than 35 degrees, in all patients. This is called "straight-to-cuff". In the event that the tube cannot be passed using this shape, the stylet can be reshaped to meet the particular anatomy encountered, removed entirely or replaced with a bougie.



In the ideal starting position, the ET tube is straight all the way to where the cuff begins (see red arrow) and then bent upwards no more than 35 degrees (see blue arrow).

JAW THRUST

A study from Japan demonstrated that having an assistant perform a jaw thrust during laryngoscopy improved visualization during laryngoscopy. While the study was small this is a simple technique that is familiar to most assistants and not associated with any potential complications or cost. In my personal experience having an assistant perform a jaw thrust allows more muscle energy to be put into small "finesse" movements that expose the larynx rather than gross movements that lift the jaw. This maneuver is particularly useful for patients in cervical spine precautions where optimal sniffing or ramped positioning is contraindicated.

