
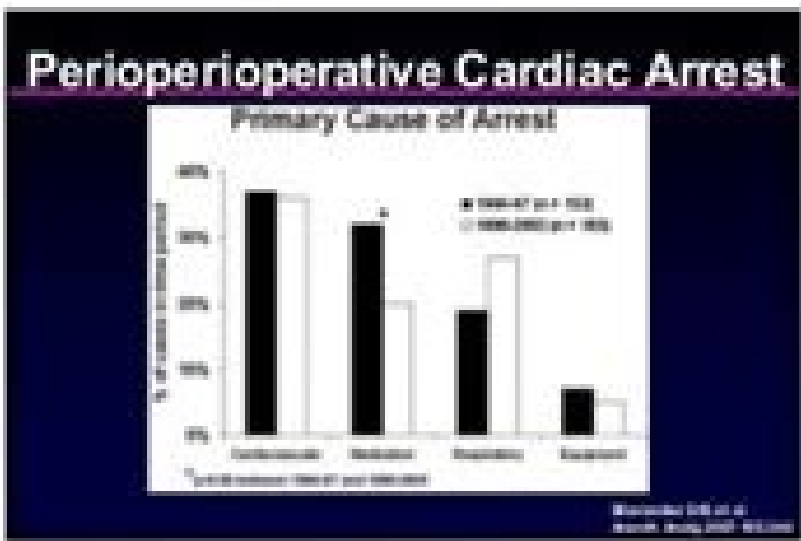
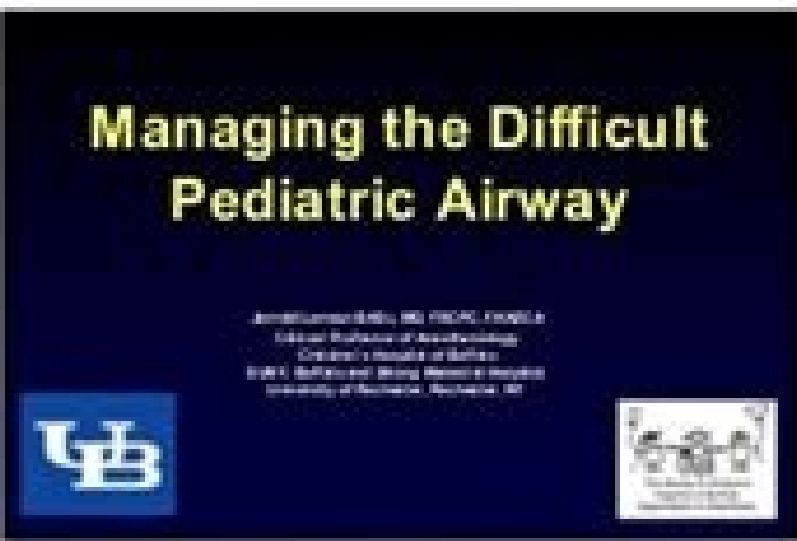
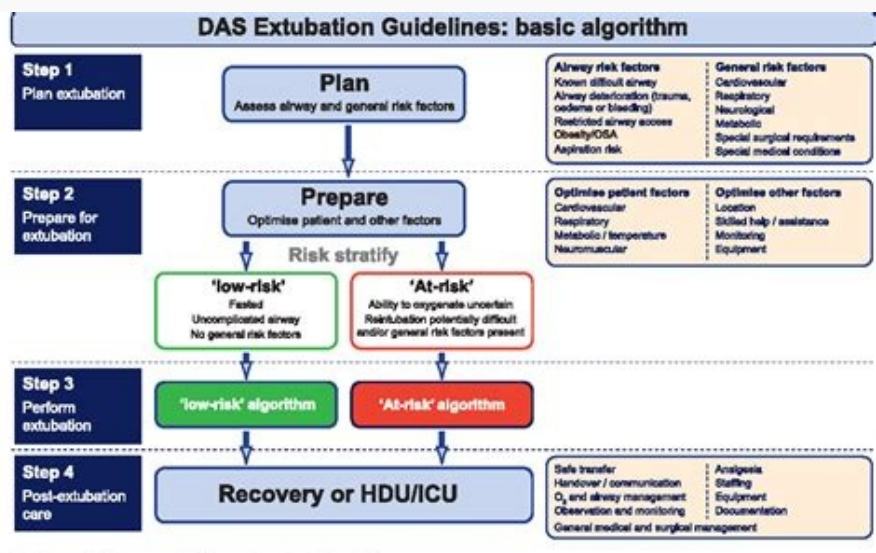
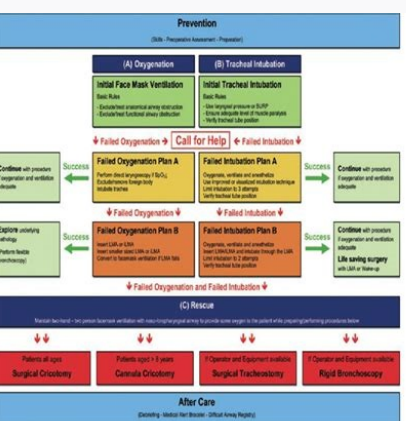


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Year	1997	2000	2003	2006	2011	2015
Number of patients	19	204	19	204	19	204
Number of complications	0	1	0	1	0	1
Number of deaths	0	0	0	0	0	0



Definitions

American Society of Anesthesiologists:

- Difficult airway:** the existence of clinical factors that complicate either ventilation administered by face mask or intubation performed by experienced and skilled clinicians.
- Difficult ventilation:** inability of a trained anesthetist to maintain $SpO_2 > 90\%$ via face mask for ventilation and 100% inspired oxygen, provided lungs could be ventilated previously.
- Difficult intubation:** need for more than three intubation attempts or attempts that last > 10 min.

Cannot ventilate, cannot intubate may be a fatal combination!

Difficult Pediatric Airway

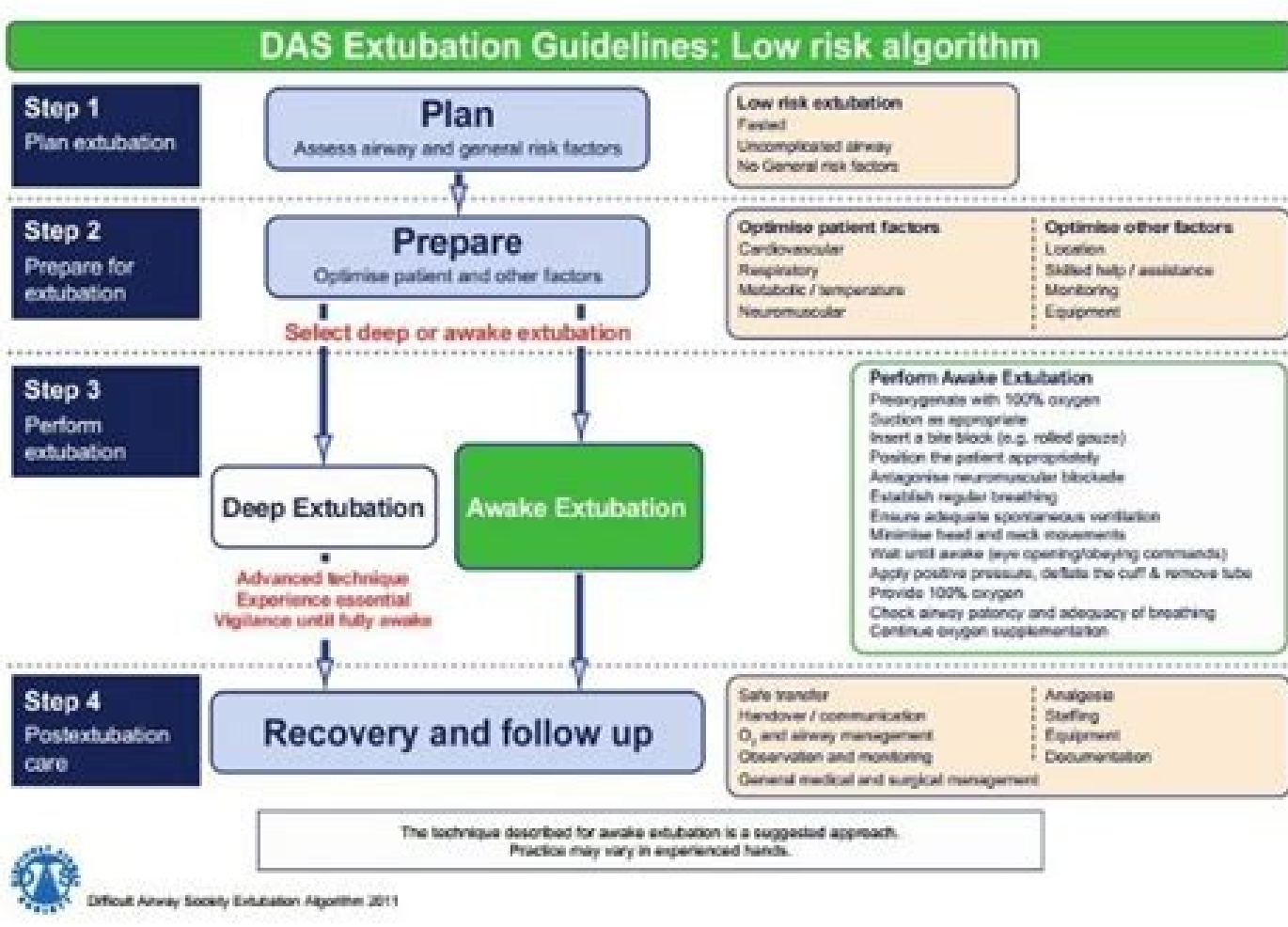
Considerations:

- Recognize a difficult airway
- Manage a difficult airway

Difficult Pediatric Airway

Considerations:

- How do we assess the airway?
- Which airway anomalies are possible?
- Which type of airway is required?
- How can we maintain and secure the airway?



Asthma paediatric nice guidelines. Paediatric airway sizes.

In these children, tracheal intubation failed in 19 (2%) patients, and 204 (20%) would have at least one complication. Trico: A study of predictors and closing results. The majority of studies to date incorporate the use of Rabbit12,13 or pig models.14,15 In addition, the Cricotrioid membrane is differ to identify in this age group, and The expediting performance of a quir'rgica life is a challenge even for a pedestric expert otolaring. Access to emergency respiratory life in children: Transtral cages and tracheotomy evaluated in a pig model. Prism guidelines. Ctica for the management of the Differer Respiratory life for these children. The use of an SGA is a distinctive step in many management algorithms of the respiratory life. ; A e a, p a e a13, et al. Children with direct laryngoscopy are an especially vulnerable group. It serves at the Mé © Dica Telephone Advisory Board and has received trips for meetings that involve future developments for the next respiratory life devices. It has been shown that this technique provides effective oxygenation for at least 15 min16, when oxygen is administered through an angiocatá © ter of the caliber 18 or greater diameter. The low pairs) can provide appropriate oxygenation and ventilation through a small -end transport transport. 15 This device can be igetl in the situation of "cannot be oxygenated" in a baby but It has not had to be in the child animal model. Slowly, although Cricotrioidotomía del Bisturá is the technique of surveying respiratory life recommended in the new algorithm of life of the diffile respiratory life for adults, 4 evidence in children is missing. Financing of the Pedi -Termic Anesthesia Department in the Supraglótica Respiratory V & Robert H. It has been very ostle as a conduit for tracheal intubation in children with difffamous life. For example, are the tracheal intubation of theptic fiber through a higher system to the use of a Videolaryngoscope in the baby Pierre Robin? ; A e a, ~ "16 ... We hope that this editorial improves care and results in this population of vulnerable patients. Contributions of the authors conception and design of the editorial, drafting of the article and the final approval of the version that will be published: N.J., L.S., J.E.F. Interest declaration N.J. It is located in the Pedi -Termic Anesthesia Editorial and Journal of Anesthesia (Japanese). The pediomatric life is associated with a high risk of complications during the management of the respiratory life, a multi -enrico study of 1018 children with different reasons in 13 pedestric centers (registration of Diffyile intubation of pediatric) demonstrated that more of two direct laryngoscopy attempt There were the first increase in the proportion of patients with complications. Adequate oxygenation time after ventilation using the oxygen flow modulator onk versus a jet fan through the cricotomy of the needle in rabbits. In children with diffose adequate with low fault rates and should be considered for respiratory life In this population. J.E.F. and L.S.: None declared. He has received products without charge of Ambu and Teleflex corporations. As last, this study also identified the following four independent risk factors that are associated with the greatest risk of complications: more of two attempts of tracheal intubation; Weight less than 10 kg; Short pulling distance (micrognath); and three attempts of direct laryngoscopy before an indirect technique Complications for the management of respiratory life in children with a difficult tracheal intubation of the Different Intubation Intubation Registry (PEDI): an analysis of prospective cohort. The guidelines of the pedestric respiratory life published by the differ With diffose respiratory life.5 In pedestric practice, general anesthesia is often required for short procedures (for example, radiology, ophthalmological or general surgery) that would generally not need any form of anesthesia in adults. For these procedures, it is not always necessary to intubate the trot. A rabbit study demonstrated that the first rate of the intent was 100%, but it was associated with significant complications rates (after the tracheal wall). 12, there are more studies on both tá © cynics to help determine the best practices for children, but currently, needle with a needle, the cricotomy/remains the choice technique in the situation of "Cannot Intubate, it cannot be oxygenated" In baby. of the The pediomalic life remains a problem associated with significant risks and complications. The severe complication was more common was cardigan arrest, which occurred in 2% of these children. The most common complication in general was transient hypoxemia (oxygen saturation

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