Tips for Videolaryngoscopy

General Points

- Find out which videolaryngoscope you have on your unit and become acquainted with it.

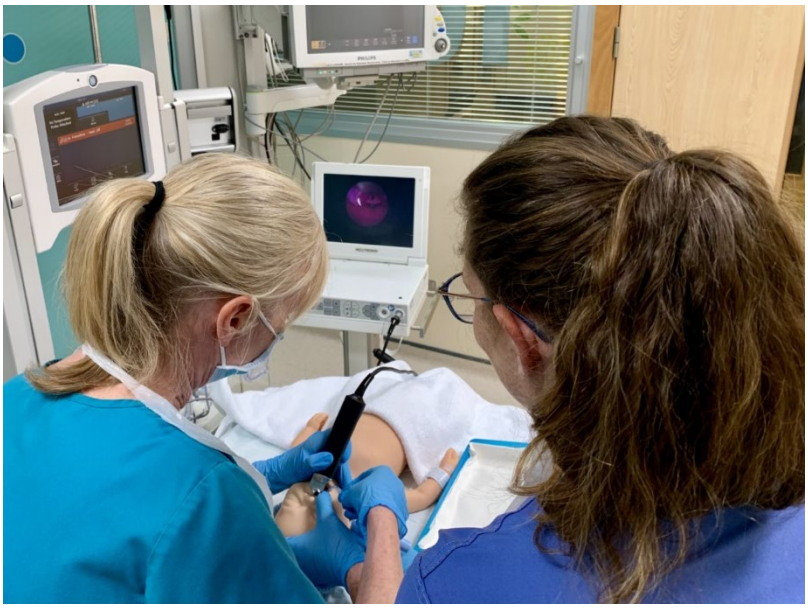
- Use videolaryngoscopy (VL) routinely for supervising intubations. Intubate with the VL either routinely or enough times to become comfortable using it. It is not ideal that it is used only as a last resort for a difficult airway situation.

- Practice with it on manikins before using it on babies. Techniques can vary depending on the type of VL used and can require different hand/eye coordination, particularly where the VL gives an indirect rather than direct view, such as when using a hyperangulated blade.

Basic Technique for Teaching and Support

- Position the VL directly in your line of vision so that you don't have to turn your head to see the screen, generally at the opposite side of incubator.

- Make sure those you are teaching, and your assistant can also see the screen.



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- Just before the intubation, wipe the light of the VL blade with an alcohol wipe to avoid misting.

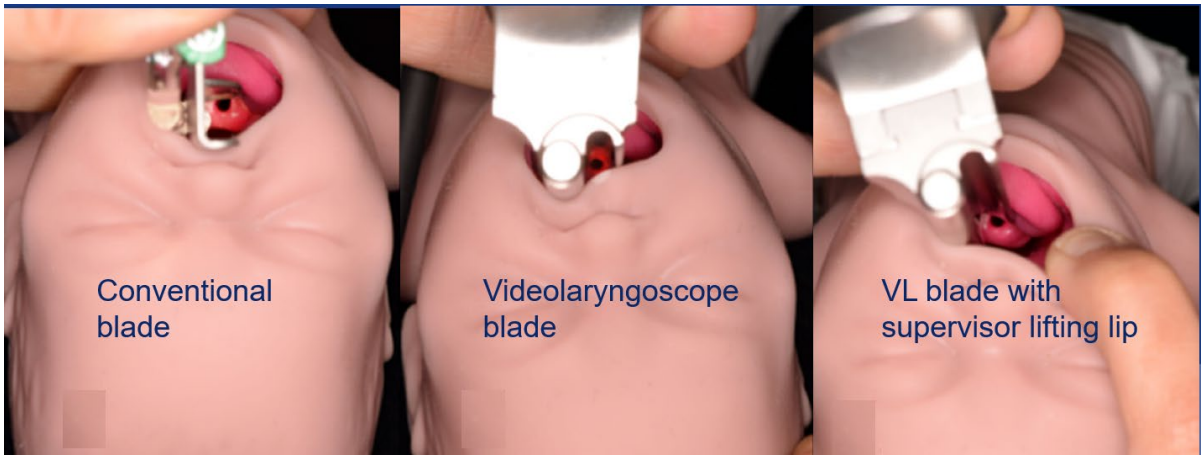
- Sometimes during laryngoscopy the VL blade camera will get covered in secretions obscuring the view. Simply remove from the mouth, quickly wipe and reinsert.

- The person supervising/assisting the intubation should stand on the intubator's right hand side and place their right hand on the infant's neck. They can then feel the tip of the blade and help direct its position. They can then also provide guided cricoid pressure if needed.

They can also use their index finger on the left hand to lift the infant's lip to improve the space available to pass the tracheal tube. See images.

- You can either place the tip of the blade in the vallecula or go past the cords and bring the blade back on the epiglottis. Personal preferences vary and you should do whichever you find easiest.

- Some VL blades are a different shape to traditional direct laryngoscopes and give less space to see the cords and to pass the tracheal tube/catheter in from the side compared with tradition intubation. To help improve the view, the supervisor/helper can assist by ***lifting the infant's lip on the right hand side*** (see pictures) or an alternative is to pass the tracheal tube or catheter straight down the blade.



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- The supervisor/helper shares the view of the screen and can assist directing the intubation and confirm placement of the tracheal tube or LISA catheter.

- If the intubator is comfortable with an audience, let the whole team see the view. That way everyone in the team has the opportunity to see what an airway and intubation looks like.

- Inexperienced intubators generally find a large audience increases their stress and should be given the option of minimising the audience.

Advanced Technique

- A hyperangulated blade can be used to improve the view, for example in patients with an anterior larynx, but can make passage and insertion of the tracheal tube more challenging and require the use of a stylet, pre-shaped to the hyperangulated blade. This technique requires an additional learning curve and expertise.