



Paediatric Emergency Front of Neck Access – A national survey of practice – Is it time to unify?

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PATRN

Paediatric Anaesthesia
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Background

- Several guidelines for paediatric eFONA exist
- These offer conflicting advice on technique, and limited information on specific equipment sizing
- This increases cognitive burden and the number of decisions to be made in a time critical scenario

Survey

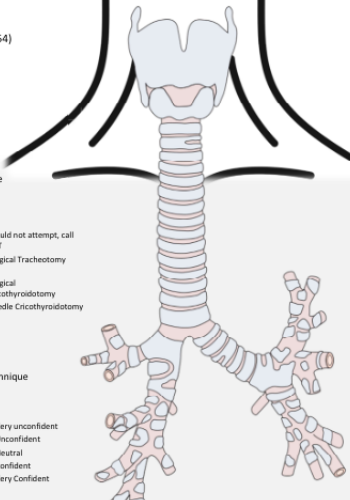
- An electronic survey was launched at the May 2025 Association of Paediatric Anaesthetists Great Britain and Ireland (APAGBI) annual scientific meeting and distributed amongst APAGBI and PATRN memberships.

Results

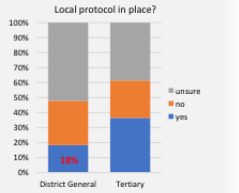
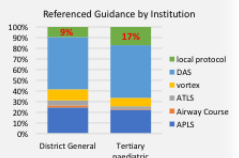
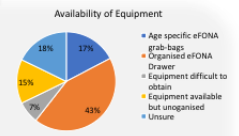
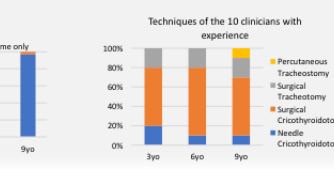
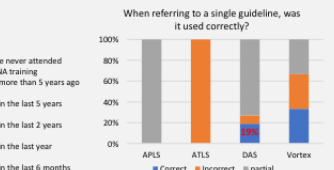
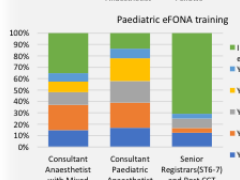
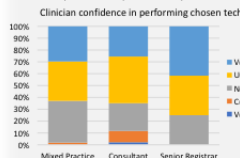
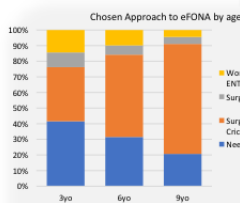
- 208 clinicians responded.
- 46% (n=95) paediatric anaesthetists, 26% (n=54) mixed practice anaesthetists and 20% (n=41) senior anaesthesia residents.

The Question

- You are the most experienced clinician present,
- You encounter a "Can't Intubate, Can't oxygenate" scenario in a 3-, 6- or 9-year-old child.
- All other options of optimisation and airway management have failed
- The child is bradycardic with peripheral oxygen saturations of 70%
- You call for help 1
- What would be your chosen approach for emergency front of neck access?



- >9yo = Needle Cricothyrotomy
- APLS 7e >1-8yo = Tracheostomy/ Surgical Cricothyrotomy <1yo= Tracheostomy/ Rigid Bronchoscopy
- ATLS 10e >12yo = Surgical Cricothyrotomy <12yo = Cannula Cricothyrotomy
- DAS (no ENT) >8yo = Surgical Cricothyrotomy 1-8yo = Needle Cricothyrotomy, Failure = Surgical <1yo = No clear guidance
- VORTEX >8yo = Needle Cricothyrotomy >1yo = Needle failure = Surgical by weight



Discussion

- Varied guideline adherence suggests poor recall and promotes simple accessible protocols.
- Availability of organised equipment and local protocols needs improving.
- Training needs to be widespread to increase confidence, especially within district generals.
- Current guidance requires unification and update.