

A survey among Paediatric Anaesthetists. Predicting the difficult paediatric airway.

N. Dobby, K. Ong

*Great Ormond Street Hospital, London, UK,
nadinedobby@hotmail.com*

With the release of the new difficult paediatric airway guidelines thought arises to the prevention of an airway scenario, presently our only aids for this are pre-assessment tests of the airway. To date, airway tests have not been validated in the paediatric population and airway pre-assessment which is an absolute must and performed rigorously in the adult world does not always occur in Paediatric Anaesthesia.

Results

We had 242 responses from our survey, 88% from Consultant Anaesthetists and 10.4% from SPRs or >ST3. Over half of our responders perform greater than 300 paediatric cases per year. When asked how many difficult airways this group had encountered (defined as an airway the operator was unable to intubate with a standard laryngoscope) nearly 20% of respondents had encountered 20 or more in their practice. Only 8% from this group of anaesthetists had never managed a difficult airway of this nature. Over two thirds of our survey group said they thought airway pre-assessment was important although 57% did not actually perform any sort of formal airway assessment in their practice and over half of respondents didn't think paediatric airway assessment was as important as in adults. 2.5% of respondents thought that pre-assessment of any kind in Paediatrics, pointless. Many respondents said they would only perform airway tests in older children or if there was an obvious problem or history of an issue with the airway. The most useful tests for pre-assessment were deemed to be airway history, recognition of a syndrome, mouth opening and neck mobility.

Discussion

It appears then that the majority of Paediatric Anaesthetists from our survey group do believe airway pre-assessment to be important but do not in any way consistently or formally assess it. This could be due to the fact that we are unsure about the relevance of airway tests in the Paediatric population or which the most useful tests to use in Paediatric airway assessment are. Responders to our survey commented that they relied on "eyeballing" the patient from the end of the bed. At our centre we manage 50-60 difficult paediatric airways per annum and although most difficult airways are identifiable pre-operatively from both history and examination this is not always the case. It is imperative that history and examination is performed in Paediatric Anaesthesia to improve our forward thinking and difficult airway management planning. We now plan to undertake a formal study to validate pre-assessment tests in the Paediatric population.