

APPENDIX 6: Definitions

Bronchospasm

Presence of wheeze on auscultation.

Desaturation

Any SpO₂ value ≤ 90% for at least 60 seconds, not being the result of an artefact²⁶.

Difficult mask ventilation

Inability to maintain sufficient oxygenation and ventilation by any method as assessed by most senior anaesthetist²⁵.

Laryngoscopy grade – according to Cormack & Lehane's classification²⁷:

Grade 1	Most of the glottis is visible
Grade 2	At best almost half of the glottis is seen, at worst only the posterior tip of the arytenoids is seen
Grade 3	Only the epiglottis is visible
Grade 4	No laryngeal structures are visible

Laryngospasm

Complete glottic closure associated with either unsuccessful spontaneous respiratory effort or unsuccessful ventilation not corrected with simple airway opening manoeuvres **AND requiring further intervention with medication** e.g. propofol/suxamethonium.

Pulmonary aspiration

Presence of non-respiratory secretions (bilious or particulate) in the airway **AND** requiring intervention (e.g. suctioning).

Stridor on emergence

Severe inspiratory flow limitation with sternal retraction **AND** requiring intervention (e.g. PEEP/CPAP, steroids or nebulised adrenaline).

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26. de Graaff JC, Bijker JB, Kappen TH, et al. Incidence of intraoperative hypoxemia in children in relation to age. *Anesth Analg* 2013;117(1):169-75. doi: 10.1213/ANE.0b013e31829332b5 [published Online First: 2013/05/21]

27. Cormack RS, Lehane J. Difficult tracheal intubation in obstetrics. *Anaesthesia* 1984;39(11):1105-11. [published Online First: 1984/11/01]