



SALAD Airway—ETT

NEW

PROCEDURE

- 1) Grip the rigid suction catheter (RSC) in the right hand, held in an over-hand fashion (similar to a laryngoscope blade) so that the curve of the RSC mirrors the curve of the structures of the upper airway (fig. 1a).
- 2) Utilize the RSC to displace the tongue and lower jaw in order to maximize space for laryngoscopy and subsequent tube delivery (fig. 1b).
- 3) Insert the RSC into the mouth and swept from side to side, continuously suctioning as it is advanced just ahead of the laryngoscope blade around the base of the tongue under direct visualization. This will ensure the lens of the camera remains clean.
- 4) Once the laryngoscope is controlling the structures of the upper airway, the RSC can be utilized the suction the glottis and proximal trachea under direct visualization.
- 5) Withdraw the RSC and re-insert it into the mouth to the left of the laryngoscope while maintaining constant visualization of the proximal esophagus and glottic opening.
- 6) Advance the RSC until the tip is sitting in the upper esophagus.
- 7) Leave the RSC in place with tip in the upper esophagus to allow for continuous suctioning of the hypopharynx even if the patient continues to actively vomit or hemorrhage.
- 8) Deliver the endotracheal (ET) tube with the right hand while the RSC remains in place in the esophagus.
- 9) Once the ET tube is between the cords and balloon is inflated, suction the lumen of the ET with a soft catheter to clear any residual contaminant prior to ventilation via the tube (fig. 1f).
- 10) Remove the RSC and laryngoscope from the mouth and secure the ET tube.

REFERENCE GRAPHICS

SALAD - ETT



a



b



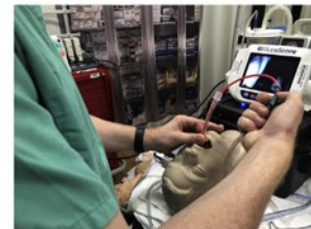
c



d



e



f

INDICATION

- Presence of, or potential for, copious secretions, blood, or emesis in the airway.

KEY POINTS

- SALAD technique can help prevent or minimize aspiration during emergency airway management.
- Step 5 is most successful when you remember to insert it like you would a laryngoscope into the left side of the mouth after placement of the laryngoscope. People often mistakenly turn it 90 degrees to the side when trying to advance it during this step and it fails to get past the oropharynx.
- This procedure can be utilized on all advanced airways with step 9 being performed when clinically indicated.

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