RECOGNIZE LARYNGOSPASM

EARLY DETECTION IS KEY: Look for evidence of airway obstruction such as inspiratory stridor, tracheal tug, retractions, loss of ETCO2 tracing, and oxygen desaturation.

RAISE ALARM

Apply CPAP with 100% Oxygen
Apply Jaw Thrust using 2-Hand Technique

Assess for Air Entry
(auscultation over trachea, movement of reservoir bag, reappearance of ETCO2 tracing)

None → **Complete Laryngospasm**

Continue to attempt to convert to partial laryngospasm with airway maneuvers and deepening anesthesia with Volatile agent and Propofol (at least 2-3 mg/kg) if IV available. Attempt this for no more than 30 seconds!

No Improvement

IV Access

Succinylcholine IV 1-2 mg/kg
Atropine IV 0.02 mg/kg *(if bradycardia)*

No IV Access

Succinylcholine IM 3-4 mg/kg
Atropine IM 0.04 mg/kg
Get additional HELP!

Attempt to ventilate with 100% Oxygen
Reassess for Air Entry *(recovering oxygen saturation and ETCO2 tracing)*

No Improvement

CALL FOR IMMEDIATE HELP
Initiate CPR + ALS as indicated
Attempt Intubation / Surgical Airway

Some → **Partial Laryngospasm**

Eliminate noxious stimuli
Deepen anesthesia with Volatile agent and Propofol (at least 2-3 mg/kg) if IV available

Continually Reassess Air Entry
Maintain CPAP and Jaw Thrust

Improvement

Stabilize
Gain IV Access
Consider Intubation
Consider decompressing stomach
Resume anesthetic or prepare for wake-up as indicated

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Updated May 2021