

# Management of the Difficult Airway: An Appraisal of Clinical Practice Guidelines

Deepak R. Lakshmipathy, BS1, Christian Fritz, MD1, Stylianos Manos, BA2, Jinggang Ng, MA3, Dominic Romeo, MA3, Katherine Xu, BS<sup>3</sup>, Alvaro Moreira, MD<sup>4</sup>, Karthik Rajasekaran, MD<sup>1,5</sup>

#### Introduction

- Difficult airways defined as failure of facemask ventilation, laryngoscopy, supraglottic airway ventilation, tracheal intubation, extubation, or invasive airway placement<sup>1</sup>
- Diagnosis and management of difficult airways is complex, often requiring interprofessional collaboration to ensure
- oxygenation, ventilation, and protection against aspiration<sup>1</sup> Various clinical practice guidelines (CPGs) published to aid in this associated clinical decision-making, yet no systematic reviews assessing their quality have been performed to date<sup>1-12</sup>
- Herein we use the Appraisal of Guidelines Research and Evaluation (AGREE II) tool to address this and provide targeted recommendations to improve future guidelines<sup>13</sup>

#### Methods

- Systematically reviewed literature from Scopus, EMBASE, and MEDLINE via PubMed and internet searching
- AGREE II-trained authors (S.M., J.N., D.R., and K.X.) evaluated 12 selected CPGs using following strategy:
- Scaled domain scores across each CPG and AGREE II domain with associated means and standard deviations
- Overall quality appraisals of low, average, and high if ≤ 2 domains, 3-4 domains, and/or ≥ 5 domains had scaled domain scores of ≥ 60%, respectively
- Quantified interrater reliability via intraclass correlation coefficients (ICC) with classifications of poor (< 0.20), fair (0.21-0.40), moderate (0.41-0.60), good (0.61-0.80), or very good (0.81 - 1.00)

## Results

- · Most guidelines published in Europe (i.e. United Kingdom), remaining from North America (USA, Canada), Asia (Japan, India), Australia, and New Zealand
- Domain 4 (clarity of presentation) had highest average of 77.8
- ± 7.0% domain 6 (editorial independence) had lowest of 49.8 ±
- 24.5%
- · 8 guidelines classified as high quality, 2 guidelines classified as average quality, 2 guidelines classified as low quality
- Good interrater reliability for domains 1 (scope and purpose) and 3 (rigor of development); domains 2 (stakeholder involvement), 4 (clarity of presentation), 5 (applicability), and 6
- (editorial independence) below this threshold



## Affiliations

Deepak R. Lakshmipathy, BS University of Pennsylvania 800 Walnut St, 18<sup>th</sup> Floor Philadelphia, PA 19107 deepakl2@illinois.edu. dlakshmipathy@gmail.com 510-364-7996

<sup>1</sup> Department of Otorhinolaryngology—Head and Neck Surgery, University of Pennsylvania, Philadelphia, PA, USA <sup>2</sup> Lewis Katz School of Medicine at Temple University, Philadelphia, PA, USA <sup>1</sup> Lewis Katz School of Medicine at Temple University, Philadelphia, PA, USA <sup>3</sup> Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA
<sup>4</sup> Department of Pediatrics, University of Texas Health Science Center at San Antonio, San Antonio, TX, USA <sup>5</sup> Leonard Davis Institute of Health Economics, University of Pennsylvania, Philadelphia, PA USA



Figure 2: Difficult Airway CPGs Stratified by Quality Appraisal Grade Figure 3: Key Findings and Targeted Recommendations of AGREE II





## Discussion

- · Highest-scoring domains of scope and purpose (domain 1: 76.9%) and clarity of presentation (domain 4: 77.8%) show CPGs' strength in highlighting objectives and recommendations
- Lowest-scoring domains of stakeholder involvement (domain 2: 50.7%) and editorial independence (domain 6: 49.8%) reveal CPGs' weakness in representing multiple perspectives and delineating resistance against outside influence
- ASA guideline had highest mean (83.1%) and single domain score (97.2%, domain 1: scope and purpose), showcasing its excellent developmental methodology
- · Shared emphasis on predicting patient-specific risks of difficult airway and analyzing necessity of return of spontaneous
- breathing versus risks from more invasive procedures<sup>1-12</sup> Limitations include inherent subjectiveness of AGREE II tool (evidenced by non-uniform interrater reliability) and limited scope of instrument to developmental guality appraisal (all guidelines may have robust evidence and clinical applicability)