



## Capnography: No Trace = Wrong Place

## Introduction

Glenda Logsdail was anaesthetised for an emergency laparoscopic appendicectomy in 2020. An unrecognised oesophageal intubation resulted in a period of prolonged hypoxia, and she died of irreversible hypoxic brain injury [1]. The inquest determined that her death was avoidable, and the coroner issued a Regulation 28 Prevention of Future Deaths report. This highlighted the importance of the whole intubation team being able to recognise and interpret capnography waveforms, and the need to actively exclude oesophageal intubation when a flat capnography trace is seen. The importance of a flat team hierarchy and team members feeling empowered to speak up and be listened too was also reported by the coroner [1].

The "No trace=Wrong place" campaign by the Royal College of Anaesthetist and the Difficult Airway Society emphases that oesophageal intubation must be actively excluded if a flat capnography trace is seen [2]. This can be done by visualising the larynx (ideally using a videolaryngoscope), reintubation and/or visualising the tracheal rings using a flexible bronchoscope. The campaign also emphasises that- even in cardiac arrest- a capnography trace should still be seen [2].

## **Learning Objectives**

- 1. To improve the multidisciplinary team's (MDT) ability to interpret the capnography trace and different waveform shapes
- 2. Emphasise the significance of an absent capnography trace ("no trace= wrong place")
- 3. Empower the MDT to speak up and act if a flat capnography trace is seen
- 4. To understand what tea trolley training [3] is and how it can be utilised for MDT capnography teaching
- 5. To be able to implement tea trolley training and collect meaningful feedback

## References

- 1. https://www.judiciary.uk/publications/glenda-logsdail-prevention-of-future-deaths-report/ (Accessed 19/2/22)
- 2. https://www.rcoa.ac.uk/news/rcoa-das-response-glenda-logsdail-ruling (accessed 19/2/22)
- 3. O'Farrell G, McDonald M, Kelly FE. 'Tea trolley' difficult airway training. Anaesthesia 2015; **70**: 104