

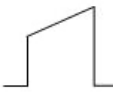



# Capnography: No Trace = Wrong Place!

Good	Bad
 <p>Top hat – good</p> <p>Indicates:</p> <ul style="list-style-type: none"> <li>• clear unobstructed airway</li> </ul>	 <p>Dunce hat – bad</p> <p>Indicates:</p> <ul style="list-style-type: none"> <li>• significant leak</li> </ul>
 <p>Ascot hat – OK</p> <p>Indicates:</p> <ul style="list-style-type: none"> <li>• <u>bronchospasm</u></li> <li>• partially obstructed airway</li> </ul>	 <p>No hat – very bad</p> <p>Indicates:</p> <ul style="list-style-type: none"> <li>• <u>dislodged/displaced tracheal tube or tracheostomy</u></li> <li>• oesophageal intubation</li> <li>• lack of ventilation</li> </ul>

If no capnograph trace  $\Rightarrow$  actively exclude oesophageal intubation

- Visualise larynx ideally with videolaryngoscope +/- reintubate
- Visualise tracheal rings using flexible bronchoscope

Then consider...

- Tracheal tube/tracheostomy displaced, blocked or kinked
- Lack of ventilation
- Severe bronchospasm
- Capnography tubing disconnected/kinked

Capnography trace in cardiac arrest may look attenuated but *should still be present*

Remember 'Posh hats are best in Bath!'



<https://rcoa.ac.uk/safety-standards-quality/guidance-resources/capnography-no-trace-wrong-place>