Ujuzi means skills in Swahili and is intended to be a regular feature for colleagues to share practical interventions, innovations and novelties that have proved useful in the management of patients in the prehospital environment or Emergency Centre. You can let Ujuzi know about your practical ideas by emailing practicalpearl@afjem.com.

**Colleague Assisted Laryngoscopic Manoeuvre (CALM) – A simple method to improve the view**

Direct laryngoscopy is the standard technique used to achieve line-of-sight, “best-look” visualisation of the glottis, to facilitate rapid endotracheal intubation (ETI).\(^1\)\(^-\)\(^3\) This procedure is often performed with varying degrees of ease and success, however increasing one’s armamentarium of airway management skills is always useful. The CALM approach is an effective way to improve the view of the vocal cords, to facilitate swift and unhindered passage of the endotracheal tube (ETT), especially if difficulty is encountered during ETI. The aim of ETI is to achieve first time success since repetitive intubation attempts become increasingly difficult, with each failure intensifying the rescuer’s anxiety and causing more airway trauma.

**Do 3 things with 2 hands on the 1st attempt**

Armed with a laryngoscope usually in the left hand, the intubator has the right hand free to increase visual access via three simple techniques.\(^1\) Firstly, the right hand can lift the head from beneath the occiput to achieve the most optimally aligned sniffing position for that specific patient. Secondly, the right hand can manipulate the thyroid cartilage externally to achieve the best-view of the glottic opening, remembering that the vocal cords are attached anteriorly to the thyroid cartilage. Once the best view has been found, that position can be maintained by an assistant, leaving the laryngoscopist’s right hand free to perform the intubation. If an acceptable view is not obtained using this technique then there is one last underrated manoeuvre that must be attempted. The rescuer now uses their right hand to help the left hand pull the handle in line with its axis, using the power of two hands applied in the correct direction.\(^1\) Once the right hand is released to take the ETT, that extra purchase is lost, so asking an assistant to perform this bimanual externally enhanced retraction will reproduce or even enhance the view. This method, we have found in novice intubators and experts alike, forces correct technique and exposes the cords easily. Moreover, in the potential c-spine injury where manual in-line axial stabilisation is used to prevent any neck movement, applying CALM helps to obtain a better view.

**CALM – Colleague Assisted Laryngoscopic Manoeuvre**

Longitudinal traction, in-line with the long axis of the laryngoscope handle, should be applied during routine ETI. On occasion, a second hand placed alongside the first can assist in lifting the laryngoscope properly, coercing the correct technique. This double-handed technique is recommended to manoeuvre the laryngoscope handle and thus the blade, in the proper direction, averting any possibility of using the teeth as a levering fulcrum.\(^1\) If this added tandem force from the second hand provides the necessary lift to expose the glottis and improves the view, this vector may be maintained by an assistant who grasps the handle alongside the intubator’s hand. Under the instruction of the intubator, the assistant takes over the second hand pulling action in line with the long axis of the handle – the CALM approach (Figs. 1 and 2). This would free the second hand of the intubator to pass the tube, while maintaining the better view afforded by the two-handed assisted lift. Moreover, the CALM approach will help to prevent the all-
too-common levering on the upper teeth during laryngoscopy which, in addition to causing trauma, provides a lesser view of the glottic opening. The patient’s head may lift as more force is applied, so a helper may assist by holding the head down to achieve optimal protraction of the mandible and concomitant elevation of the tongue and pharyngeal soft tissues. The CALM technique allows the intubator to focus on passing the ETT through the glottis with less physical effort to maintain proper lifting along the longitudinal axis of the laryngoscope handle. This may be beneficial in trauma patients where the neutral position is preferred.

In summary, doing three things with two hands on the first ETI attempt, and recruiting an able assistant to continue what has been initiated, is an effective and simple way to increase the odds of intubation success on the first attempt. The CALM approach is likely to improve the intubating view substantially and reduce the time taken to successfully place the ETT.

References