

The SALAD Technique – Basic

<https://www.youtube.com/watch?v=Jaq-vHbcGi0>

Note: Video demonstration is not performed at adequate speed

1. Assess patient for airway contaminant and confirm that contaminant is present in the mouth (1:38)
2. Use the DuCanto suction catheter to aid in placing laryngoscope by compressing the tongue into the thyromental space (floor of mouth) with the catheter and simultaneously lifting & distracting the lower mandible to keep the mouth open (2:55)
3. Once laryngoscope is placed, transfer the pressure from the catheter onto the laryngoscope blade.
4. Start suction with DuCanto catheter and evacuate aggressively to posterior palate (1:56)
5. Advance the suction until you see the tip of the epiglottis, then continue the catheter along the base of the tongue with the catheter into the vallecula and then evacuate the pharynx (2:22)
6. While keeping laryngoscope still, place suction catheter into esophagus along the left border of the laryngoscope blade (4:16) - **may need to pull out catheter first to do this**
 - Leave suction on while intubating to prevent airway from becoming re-soiled
 - Catheter is out of the way for endotracheal tube placement
7. **Need additional help:**
 - a. Perform the SALAD poke by placing your index finger into the pharynx along the right margin of the laryngoscope which acts as dilatation manoeuvre (4:48)
 - Creates room for endotracheal tube delivery
 - b. Remove finger and place bougie in trachea as normal for intubation (6:30)
8. Suction before ventilation! Run a flexible suction catheter down through endotracheal tube and drain larger airways before ventilation (6:56)

