

In November of this year (2025), the British Journal of Anesthesiology published a new updated Difficult Airway Society (DAS) guidelines for the Management of unanticipated difficult tracheal intubation in adults, updating the previous 2015 guidelines and reflecting the advances in both airway management technology along with newer mental models and approaches. Aptly summarized, "...emphasis the importance of maximising the chances of success, rather than the avoidance and management of failure, to improve outcomes for patients undergoing airway management."

A three-round Delphi approach reviewed 1,241 papers over the course of three years, providing 65 key recommendations over a variety of all very pertinent areas. The guidelines retain the same previous linear approach to airway management: preoxygenation → Plan A (Tracheal Intubation) → Plan B (Supraglottic Airway Device "SAD") → Plan C (Attempt Facemask ventilation) → Plan D/Cannot intubation, cannot oxygenate (Emergency Front-of-Neck Airway). Major domains with recommendations include Airway Assessment, Planning and Strategy, Monitoring, Drugs, airway management algorithm (A→D) and associated sub topics, Rapid Sequence Induction (RSI), Obesity, the physiologically difficult airway, point of care ultrasound (POCUS), human and system factors, and documentation.

A plethora of pearls abound from each section, reflective of the DAS's hard work and expertise, fortified by high quality, evidence based studies from a variety of environments and countries. The inaugural guidelines were published in 2004, and in the resulting two decades, the recommendations have naturally and appropriately evolved to encompass a significant body of studies, and equally importantly, include new technology, its respective applications, and the data behind it.

One of the most critical, and clearly stated summaries and recommendations drawn from this guideline comes from the Plan A:Tracheal Intubation section. "Videolaryngoscopy improves the safety and efficacy of tracheal intubation compared with direct laryngoscopy across a range of patients, settings, and operators. Therefore, a videolaryngoscope should be used first line to facilitate tracheal intubation whenever possible. There are a variety of videolaryngoscopes available and evidence suggests they are effective at increasing first-attempt success, reducing hypoxaemia, and reducing the risk of oesophageal intubation compared with direct laryngoscopes. There is currently no strong evidence to recommend one blade design over another. Specific blade types (e.g. hyperangulated, Macintosh type) require different techniques to facilitate successful tracheal intubation. Local provision will be influenced by various factors (e.g. widespread availability) and should be supported by training and regular use." Sources include several meta-analysis, as well as well designed pre-hospital, and in-hospital, studies. Videolaryngoscopes (VL) also provide greater situational awareness to the team, allowing for optimization of patient anatomy or position, alternative approaches, a more accurate perception of the intubation attempt, and if required, a greater speed moving down the DAS algorithm

It's clear that videolaryngoscopy has emerged as the first line approach to difficult airway management, and one is hard pressed to claim that any pre-hospital, trauma bay, or ICU, airway management is anything but anticipated to be challenging. Careful assessment, preparation, and teamwork, can prevent a difficult airway, whether it be anatomical, or physiological, from becoming a disaster, and instead go smoothly, but that is a reflection of the respect and expert approach, rather than just luck or haphazard approach.

Be on the lookout for additional parts to this series, focusing on some additional key takeaways and commentary regarding new recommendations from the 2025 DAS guidelines, specifically airway assessment, physiologically difficult airway, and human factors/education/training.

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Sources:

Ahmad I et al. Difficult Airway Society 2025 guidelines for management of unanticipated difficult tracheal intubation in adults. *Br J Anaesth*. Published online November 7, 2025. <https://www.bjanaesthesia.org/action/showPdf?pii=S0007-0912%2825%2900693-2>