

Glidescope Go 2 Quick Reference Guide

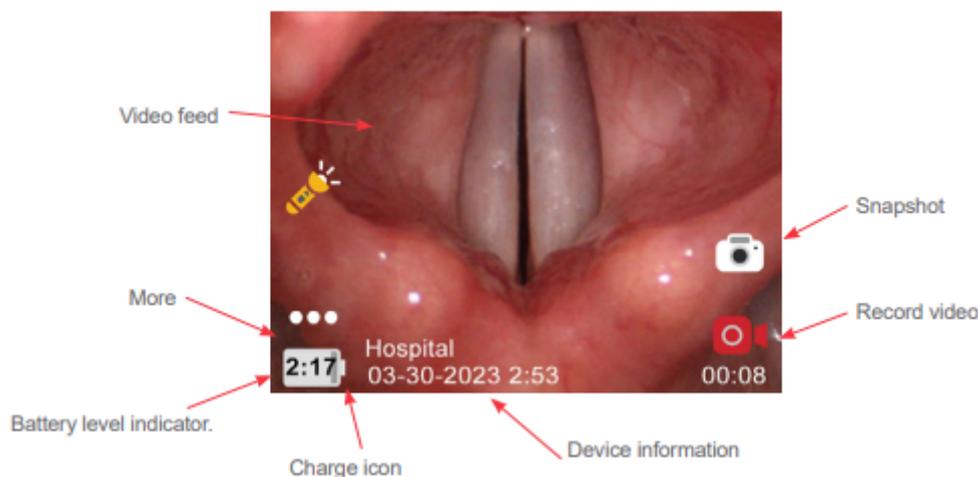
LMH Special Care Unit now has the option of using a video laryngoscope for neonatal intubations. Depending on operator experience and preference this can be used as the primary mode of laryngoscopy or as a backup device if direct laryngoscopy is unsuccessful.

Face to face training will be provided with the devices at orientation and during regular intervals and can be arranged ad hoc if trainees wish to improve their familiarity with the device.

The Glidescope is stored on the bench in the drug room on a charging dock near the fridge. Blades are in the bottom right corner cupboard. Straight blades in Size 0 and 1 are kept in stock.

It is a simple and intuitive device to operate. There is a single on/off button which needs to be held for 2-3 seconds. The screen displays the battery level along with an approximate time remaining (usually around 2hrs on full charge).

The blades can only be attached to the screen one way. Each blade is disposable after a single use. The screen can be wiped down with a disinfectant wipe prior to placing back in the charging dock.



The Glidescope Go2 has internal storage to record videos and still images. The device is a touch screen.

Once on, touch the screen and buttons will appear overlaying the image (see next page). Touch the video camera button to start recording just prior to your attempt. The camera icon will turn red. This can be stopped by pushing the same button again or turning the unit off.

Please record all attempts and transfer your videos to the USB device attached to the dock once the baby is stable for future teaching opportunities. Email matthew.lynch@sa.gov.au to let me know that a new video is stored. I will trim and edit the file so it can be used in teaching sessions.

Videos may be reviewed during teaching sessions and Neonatal M&M with agreement of the team involved. The aim is for the videos to be a learning experience and not to be a forum for criticism of individual performance. Failed attempts are especially useful to save as they provide a lot of opportunities for teaching.



Dynamic Light Control (DLC) adjusts the lighting and glare of the image on screen. If there is a lot of blood or secretions, this button can help reduce some of the interference from glare.

BUTTON	FUNCTION
	Power: This is a physical button located on the top of the monitor.
	Snapshot: Takes a photo of the video feed. While the photo is being saved, the icon changes to the following icon:  Saving snapshot. Icon returns to standard Snapshot icon when complete.
	Record (toggle): Records the video feed. While recording, and depending on the recording status and mode, the record button's icon changes to one of the following:  Waiting for system. This can take up to 5 seconds.  Video is recording. Tap to end recording.  A recording error has occurred.
	Dynamic Light Control (DLC): Toggles the DLC feature. Only displays when the attached blade supports DLC.  DLC Off: Dynamic Light Control is turned off.  DLC On: Dynamic Light Control is turned on.  DLC Error: An error occurred while setting the Dynamic Light Control.
	More: Contains the Settings menu icon and DLC icon.
	Settings: Opens the Settings menu.
	Battery Status: Indicates the remaining battery power and the estimated time remaining.  Red battery: Less than 10 minutes of battery life remaining.  Gold battery: 11 to 25 minutes of battery life remaining.  Gray battery: More than 26 minutes of battery life remaining.
	Back: Returns to the previous screen.
	Forward: Moves to the next screen or setting.

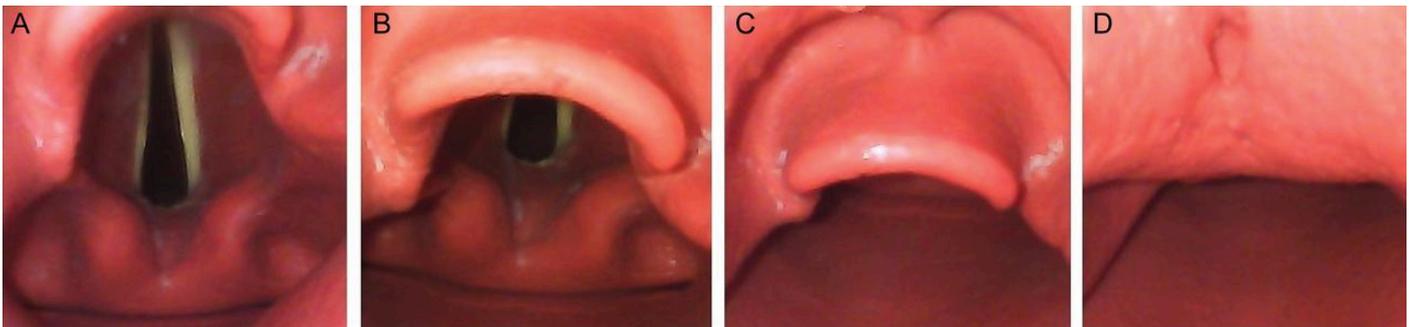
Onscreen buttons

Tips and tricks:

The set up and approach to laryngoscopy is same as traditional direct laryngoscopy. Complete the standard pre-intubation checklists, position the baby in the same way and prepare and deliver medications as per usual practice. Have a direct laryngoscope available as a backup option.

Don't try and get the most amazing, centred picture of all airway structures. A reasonable view, using minimal lifting force, even if slightly obscured by the epiglottis will provide the best angle to introduce the ETT.

Aim to position the view so the trachea is in the top half of the screen and slightly to the left – this will help with the angle of approach for the ETT from the patient's right. Trying to achieve too good of a view on the screen with the trachea in the middle will increase the risk of causing trauma due to excess force and will make it more difficult to introduce the ETT due to an excessive approach angle. A good Grade 2 view (image B below) is usually sufficient when using a VL.



- Remember that the airway structures in infants are high and anterior (almost at the base of the tongue)
- Always use a stylet with about a 30° bend at the tip.

If you are unable to see the vocal cords or epiglottis, try withdrawing the blade slowly while watching the screen. People often introduce the device too far. With slow, smooth withdrawal you will find the structures drop in to view.

Be wary of having the blade tip too close to the vocal cords. The camera sits a little back from the end of the blade. If the tip of the blade is right against the cords the ETT will struggle to get over the blade and between the cords.



Remember to record all attempts and save on the USB drive that will be stored next to the charging dock.

The device has internal storage and will record once the video button is touched on the screen. You don't need to have the USB plugged in during recording – files can be transferred after the procedure.

Further reading/videos:

Lingappan K, Arnold JL, Fernandes CJ, Pammi M. **Videolaryngoscopy versus direct laryngoscopy for tracheal intubation in neonates.** Cochrane Database Syst Rev. 2023 May <https://pubmed.ncbi.nlm.nih.gov/29862490/>

Geraghty LE, Dunne EA, Ní Chathasaigh CM, Vellinga A, Adams NC, O'Curraín EM, McCarthy LK, O'Donnell CPF. **Video versus Direct Laryngoscopy for Urgent Intubation of Newborn Infants.** N Engl J Med. 2024 May 30

<https://pubmed.ncbi.nlm.nih.gov/38709215/>

<https://www.verathon.com/sites/default/files/2024-02/0900-5165-xx-61.pdf> - Device manual

<https://www.youtube.com/watch?v=tb5HvTkG7jQ> This video link outlines the basic functioning of the device.