1. Assess the likelihood and clinical impact of basic management problems:
   - Difficulty with patient cooperation or consent
   - Difficult mask ventilation
   - Difficult supraglottic airway placement
   - Difficult laryngoscopy
   - Difficult intubation
   - Difficult surgical airway access

2. Actively pursue opportunities to deliver supplemental oxygen throughout the process of difficult airway management.

3. Consider the relative merits and feasibility of basic management choices:
   - Awake intubation vs. intubation after induction of general anesthesia
   - Non-invasive technique vs. invasive techniques for the initial approach to intubation
   - Video-assisted laryngoscopy as an initial approach to intubation
   - Preservation vs. ablation of spontaneous ventilation

4. Develop primary and alternative strategies:
   - **AWAKE INTUBATION**
     - Airway approached by Noninvasive intubation
     - Invasive Airway Access
     - Initial intubation attempts successful
     - Initial intubation Attempts UNSUCCESSFUL
     - FROM THIS POINT ONWARDS
     - CONSIDER:
       1. Calling for help.
       2. Returning to spontaneous ventilation.
       3. Awakening the patient.

   - **FACE MASK VENTILATION ADEQUATE**
     - Ventilation adequate, intubation unsuccessful
     - Alternative approaches to intubation
       - Successful intubation
       - FAIL after multiple attempts
         - Invasive airway access
         - Consider feasibility of other options
         - Awake patient
         - Emergency invasive airway access

   - **FACE MASK VENTILATION NOT ADEQUATE**
     - CONSIDER/ATTEMPT SGA
       - SGA ADEQUATE
         - Successful ventilation
       - SGA NOT ADEQUATE OR NOT FEASIBLE
         - EMERGENCY PATHWAY
           - Ventilation not adequate, intubation unsuccessful
           - Call for help
           - Emergency noninvasive airway ventilation
           - Emergency invasive airway access