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### Sniffing Position for Tracheal Intubation

*To the Editor:*—The sniffing position for tracheal intubation is usually obtained by elevating the head with blankets or pillows before induction. The drawback of this technique is the difficulty in estimating, before laryngoscopy, the head position that will afford the best view of the airway. In addition, this position can be uncomfortable for the awake patient.

A fluid-infusion pressure bag can be used as a readily adjustable head support to establish the sniffing position—flexion of the neck and extension of the head. A pressure bag (without iv fluid) is placed under a blanket or towel beneath the patient's neck (fig. 1). After induction of anesthesia, while the muscle relaxant is taking effect, the bag can be inflated with one hand to move the head into an approximate sniffing position (fig. 2). At the time of laryngoscopy, if head position is not optimal, it is simple to readjust the position of the head by inflating or deflating the bag under direct visualization. Care must be taken in positioning the bag under the neck rather than beneath the occiput. Raising the occiput will cause flexion, rather than extension of the head, which will make intubation more difficult.

I have been using a C-Fusor® 1000 pressure bag (Medex, Inc.) with a Velcro® seal for this technique. This bag consists of an inflatable bladder centered between plastic wings. These wings are wrapped around the bladder and sealed with Velcro® to hold iv fluid or blood in place. To obtain the sniffing position, the bag can be wrapped tightly so that the bladder will sit squarely below the neck and not raise the occiput (fig. 2). Most pressure bags should be useful for this technique so long as the bag is positioned correctly and the bladder is not so wide that it raises both the neck and the occiput.

This method provides easy, fine adjustments in head position by using a readily available tool. Furthermore, this method can be used to demonstrate the advantage of the sniffing position to the novice by inflating the bag during laryngoscopy, which will facilitate direct visualization of the airway.

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FIG. 1 (upper). Deflated infusion bag placed under patient's neck before tracheal intubation.

FIG. 2 (lower). An infusion bag inflated with air is used to obtain the sniffing position for tracheal intubation.

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