



Emergency Airway Management

Purpose: To prioritize the establishment of a definitive airway and define the steps of escalation for additional resources for all patients with a potential or definite difficult airway.

Guideline:

1. Recognize the Difficulty Early

- Identify predictors of a difficult airway (e.g., failed intubation attempts, poor visualization, swelling, facial trauma).
- Acknowledge difficulty after 1–2 unsuccessful attempts or if oxygen saturation is dropping.

2. Call for Back Up Immediately

- Call anesthesia at 812-480-5708 for emergency airway placement.
- If trauma surgeon not present, STAT page on-call physician for potential surgical airway.
- Ensure difficult airway cart is at bedside.

4. Prepare for Advanced Interventions

- Continue bag-valve-mask (BVM) ventilation with high-flow O₂.
- Consider supraglottic airway (e.g., LMA) if not already tried.
- Get cricothyrotomy kit or surgical airway tools ready.
- Monitor SpO₂, ETCO₂, and vital signs continuously.

5. Document and Communicate Clearly

- Note the time help was called, who was contacted, and what interventions were attempted.
- Report any safety events as per protocol.

REVIEW/REVISION HISTORY

Review/Revision Date	Approved by:
Created 09/2024	Trauma Services