

Children's Mercy Kansas City

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Care Process Models

Quality Improvement and Clinical Safety

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2-2022

### Difficult Airway Intubation

Children's Mercy Kansas City

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These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly, these guidelines should guide care with the understanding that departures from them may be required at times.

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Evaluation and Management of Inpatients with Potential Difficult Airway Intubation (DAI)

Pt has history or physical exam findings suggesting DAI

- Call for help (Code Blue)
- Page anesthesia, include the following information: *STAT Difficult Airway Intubation, unit/room number and extension for call back:*
  - For AH: 816-458-6044
  - For CMK:
    - Mon-Friday 07-1600: 816-458-7102
    - Nights, Weekends, Holidays, use AH: 816-458-6044
- Proceed with standard resuscitation efforts as needed

Is pt. in respiratory distress, or has impending need for intubation or surgery?

Yes

No

Was pt. previously diagnosed with DAI (Active Problem listed in Problems List)?

**ENT Consultation Reasons:**

- ▶ ENT or anesthesia intubation or bronchoscopy findings of:
  - Cormack-Lehane Grade III or IV
  - Severe laryngeal papillomatosis
  - Severe subglottis stenosis
  - Severe tracheal stenosis
  - Difficult intubation for other reasons
- ▶ **SYNDROMES** sometimes associated with a DAI
  - Pierre-Robin
  - Treacher Collins
  - Apert or Crouzon
  - Goldenhar
  - Choanal atresia
  - Other syndromes with features suspicious for a DAI
- ▶ **FEATURES** present with difficulty breathing:
  - Difficult intubation
  - Micrognathia
  - Macroglossia
  - Limited neck range of motion or unstable c-spine
  - Head and/or neck radiation
  - A head and/or neck lesion
  - Other facial asymmetry or abnormalities

Consult ENT

Does ENT diagnose pt. with DAI?

Patient off guideline  
Primary/Consulting  
Teams determine  
management

**Automated EMR processes:**

**Providers/Staff:** DAI pop-up visible once daily per staff, the first time the patient's EMR is opened

**Resp Care:** Page and order initiating bedside sign placement, bedside huddle upon admission or at diagnosis, and BID safety checks

**DART Provider:**

1. Adds DAI to patient's problem list
2. Creates *Critical Information Note*
3. Communicates with PCP and provides EMS forms to caregivers regarding the DAI diagnosis

While hospitalized is a RRT or Code initiated on the pt?

Yes

No

Report patient status changes to provider team

**Additional notes:**

- Only admit DAI patients to AH
- Only DART Provider can add/remove DAI from the problem list
- Consult Anesthesia or PAT prior to planned sedation procedures

**Team roles in Caring for Patients with Difficult Airway Intubation**

Staff members responsible for communicating patient status changes to the provider team are:

- Bedside RT
- Bedside RN
- Charge RT
- Charge RN

Provider Team:

- Responds to team reports of patient status change
- Consult/Page In-House Anesthesia or ENT as needed
- Maintain low threshold for PICU transfer in floor status pt. with DA
- Huddle per unit