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

Pt has history or physical exam findings suggesting DAI

ENT Consultation Reasons:
- ‣ ENT or anesthesia intubation or bronchoscopy findings of:
  - • Cormack-Lehane Grade III or IV
  - • Severe laryngeal papillomatosis
  - • Severe subglottic stenosis
  - • Severe tracheal stenosis
  - • Difficult intubation for other reasons
- ‣ <u>SYNDROMES</u> sometimes associated with a DAI
  - • Pierre-Robin
  - • Treacher Collins
  - • Apert or Crouzon
  - • Goldenhar
  - • Choanal atresia
  - • Campomelic dysplasia
  - • All mucopolysaccharidosis (Hunter, Hurler, Sanfilippo, Morquio-Ulrich, Maroteaux-Lamy, and Sly syndrome)
  - • Other syndromes with features suspicious for a DAI
  - • Klippel-Feil
  - • Muscular Dystrophy
  - • Spinal Muscular Atrophy
  - • VACTERL
  - • Arthrogryposis multiplex
- ‣ <u>FEATURES</u> 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

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

Yes →
- • Call for help (Code Blue)
- • Call/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: Call Extension: 40754
    - ▪ Nights, Weekends, Holidays, use AH pager: 816-458-6044
- • Proceed with standard resuscitation efforts as needed

No ↓

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

No → Consult ENT

Decision: Does ENT diagnose pt with DAI?

No →
- • Patient off guideline
- • Primary/Consulting Teams determine management

Yes ↓

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

Yes ↓ (from previously diagnosed)

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

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

Yes → (returns to resuscitation box)

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
<u>*Staff members*</u> responsible for communicating patient status changes to the provider team are:
- • Bedside RT
- • Bedside RN
- • Charge RT
- • Charge RN

<u>*Provider Team:*</u>
- • 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 patient with DA
- • Huddle per unit

This care process model/clinical practice guideline is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.