

Critical Airway Protocol

Purpose:

Having identified patients at increased risk for loss of a patent airway, create a system to protect them through the perioperative period while in the PICU. Many of these patients will come to the PICU from the Operating Room either from the ENT, Cranial Facial or Cardiovascular surgery services.

Goal:

Protect the airway and avoid inadvertent extubations

(Note: those aspects of the process below particularly pertinent to the anesthesia team and their responsibilities are in bold font.)

Process:

- Pre-op:
 - Patients should be identified prior to going to the Operating Room by the respective surgical service.
 - The respective surgical service should reserve an ICU Bed and inform the ICU team of the proposed surgery.
 - The respective surgical service will inform the ICU team of the case the day of surgery and what operation is planned.
- **Intraop:**
 - **45 minute notification will be sent to the appropriate ICU via the anesthesiologist using the Post-operative Communication Form which will be faxed to the appropriate location**
 - CVICU
 - PICU
 - NICU
 - **The anesthesiologist will inform the ICU team of the patient leaving the OR prior to the patient leaving the Operating room**
 - **Calls for PICU patients can be made to the following:**
 - **the ICU attending @ 5-1433 or ICU fellow @4-9321**
 - **The anesthesiologist will be responsible for ensuring that the endotracheal tube is secured appropriately,**
 - **The anesthesia team will make certain that the patient has at least 2 functioning intravenous lines or a multi-lumen central line and if possible an arterial line**
 - **Prior to leaving the operating room, the anesthesiologist will make certain that the patient has received appropriate sedatives, hypnotics, analgesics, and muscle relaxants.**

Internal Guidelines: Pediatric Anesthesia Division

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- **Hand restraints or “no-no’s” will be placed upon the patient prior to leaving the OR and remain in place until the patient is noted to be adequately sedated and stable in the PICU.**
- **Post-Op:**
 - **The anesthesiologist and surgeon will remain with the patient upon arrival in the ICU until a complete sign out has occurred with the ICU fellow/attending**
 - **The anesthesiologist will also have with them medications for sedation, muscle relaxation and analgesia that can be immediately administered if necessary**
 - ICU:
 - If possible the patient will be placed in a multi-bed room or in rooms 17-27.
 - The RN to patient ratio will be 1:1.
 - The ICU team will obtain a 45 minute call and arrange, if indicated, for continuous infusions of appropriate medications to be ordered for the patient from the pharmacy.
 - The ICU team must receive sign out from both the Anesthesiology and the Surgical Attendings.
 - The ICU team along with the surgical service will establish the plan for the next 24-48 hours
 - The ICU team will make certain that all parties agree on the agents to be used for patient comfort
 - The ICU team will write all post-op orders (except wound care and drain management) which will include:
 - Fluids
 - Medications
 - Ventilator orders
 - Laboratory studies
 - Imaging studies
 - Daily rounds will occur with the surgical team and the ICU team to develop a plan for the day and to evaluate readiness for extubation.

Internal Guidelines: Pediatric Anesthesia Division

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ICU Check list for Critical Airway:

Patient's name:

Patient's Weight:

Surgical Procedure:

- Patient identified with weight known to team
- Room ready with intubation box
- Continuous infusion meds ordered (i.e. narcotic, benzodiazepines, muscle relaxants, or others)
- Sign out has occurred and is documented
- ET tube is secured
- Chest x-ray obtained which is used to determine where the ET tube is and if necessary where the CVL is located.
- Patient to have arm restraints ordered and placed on body
- Code Pack in the room
- Code sheet completed in the room
- My Doctor sheet completed and at the head of the bed.