Pediatric Difficult Airway Response Team Activation

Initial airway assessment concerning for difficult intubation or unsuccessful oral endotracheal intubation (UNIT/PRR/Code Team Leader)

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Activate Pediatric Difficult Airway Response Team (UNIT Team Leader to delegate)

CALL 4-4111

"Pediatric Airway Emergency, (Location)"

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Clear UNIT area of non-essential personnel (UNIT Team Leader or Charge RN)

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CROWD CONTROL
UNIT Charge RN and/or highest ranking UNIT team member ***not*** primarily involved in caring for the patient

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Emergency Airway Team Arrives. Members introduce themselves (name, service, role/level of training). UNIT Team provides verbal handoff.

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Continued **EMERGENT** AIRWAY NEED (unstable patient)

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Emergency airway management transitions to specialist in the following order*:

Pediatric ENT Attending
Pediatric Anesthesiology Attending
Pediatric Pulmonary Attending

***Note:** Training RANK supersedes SERVICE: therefore any singular attending present from these services becomes the airway leader

NON-EMERGENT AIRWAY NEED (satisfactory ventilation & patient stability)

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ENT, Anesthesia, and Pulmonary teams to discuss best course of action (which team will perform airway management, decision to secure an airway in UNIT vs. transfer to OR, etc.)

Pediatric Unit Physicians will remain the PRIMARY CARE TEAM in each scenario, unless EMERGENCY BEDSIDE SURGERY is required.

For patients transferred to OR, consider having Unit team member accompany patient to continue medical management.

Pediatric Airway Response Team Protocol

The Pediatric Airway Response Team protocol is designed to initiate an immediate response to airway emergencies by ENT, Pediatric Pulmonology, and Pediatric Anesthesiology in the event of an unexpected airway emergency in children in the North Carolina Children's Hospital.

A provider initiates the response with a phone call to the paging operator at **4-4111** stating:
"Pediatric Airway Emergency, (LOCATION), (TELEPHONE NUMBER)"

An overhead page will be announced:
"Pediatric Airway Emergency, (LOCATION)"

WEEKDAYS **when a pediatric airway emergency has been called to 4-4111, the following people will receive the text page "Pediatric Airway Emergency, (LOCATION, TELEPHONE NUMBER)":**

- Jamie Doody, MD
- Amelia Drake, MD
- Lauren Leeper, MD
- Wade McClain, DO
- Austin Rose, MD
- Carlton Zdanski, MD
- Pediatric Pulmonology attending on call
- PICU fellow on call
- Mark Hall, RT
- Erin Bennard, RN
- ENT on-call consult resident
- Anesthesia in-house code pagers
- Pediatric Anesthesia on call

NIGHTS, WEEKENDS & HOLIDAYS **when a pediatric airway emergency has been called to 4-4111, the following people will receive the text page "Pediatric Airway Emergency, (LOCATION, TELEPHONE NUMBER)":**

- Anesthesia code pagers (in-house)
- Mark Hall, RT
- PICU Fellow on call
- Erin Bennard, RN
- ENT attending on call
- ENT junior and senior residents on call
- Pediatric Pulmonology attending on call
- Pediatric Anesthesiologist on call

Special Equipment:
Pediatric Pulmonology will bring the flexible bronchoscopy cart with appropriate bronchoscopes. ENT or Surgery will bring the airway cart from the Women's and Children's OR, and/or any equipment necessary to perform rigid bronchoscopy and an emergency tracheotomy.

- *Please note this emergency protocol is for use when a patient with or without a known critical airway is having an unexpected respiratory emergency and an effective airway cannot be established by the team on site.*

If it is not a true emergency, but the child has a known critical airway and you need assistance, it is best to page the appropriate groups listed on the critical airway sign at the patient's bedside.

Created July 2020 From Newborn Critical Care Center (NCCC) Clinical Guidelines Newborn Airway Emergency Protocol – NC Children's Airway Center- Approved October 2020