

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VIII-100 DIFFICULT AIRWAY, INABILITY TO VENTILATE/INTUBATE	POLICY #: 1068
	VERSION: 2
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DATE APPROVED: 08/10/2018	

PURPOSE: To provide guidelines for successful management of a difficult airway.

POLICY: The pre-operative anesthesia evaluation should identify most patients who will be difficult to ventilate and/or intubate. These patients shall not be scheduled for a procedure at the Ambulatory Surgical Center (ASC).

PROCEDURE:

- A. In cases of unexpected inability to ventilate/intubate:
 1. Call for help.
 2. Return to/restore patient's spontaneous ventilation.

- B. Acceptable methods of restoring ventilation include:
 1. Insertion of LMA.
 2. Use of video-assisted laryngoscopy (GlideScope).
 3. Surgical airway (emergency tracheostomy, cricothyroidotomy).

- C. After ventilation is restored, utilizing one of the above techniques, management options include:
 1. Awaken the patient.
 2. Try GlideScope.
 3. Assess Patient for potential airway/pulmonary sequela or complication.
 4. Refer patient to higher level of care.

The ASA Difficult Airway Algorithm, which follows, was adopted as the department protocol for management of the difficult airway.

ATTACHMENT:

ASA Algorithm for Difficult Airway

Original Date: 07/01/2003
Reviewed: 08/10/2018
Next Review Date: 08/10/2019
Previous Review Dates: 06/22/08, 06/05/14
Previous Revise Dates: 06/22/08, 06/09/14, 2/21/17