Emergency Airway Plan

Trauma Resuscitation Bay

Both the Trauma attending and the Emergency Department (ED) attending respond to all trauma activations. The ED attending is responsible for airway management. If the patient requires emergent intubation, the ED performs.

A glide scope, appropriate laryngoscopes and multiple sizes of endotracheal tubes are available at the bedside. In the unlikely event, the intubation is not successful, the trauma surgeon will perform an emergency cricothyrotomy. Please refer to the Cricothyrotomy practice guideline.

Surgical airway trays are readily available in the trauma bay. In addition, an Operating Room nurse and tech respond to all trauma activations and are available to assist with the procedure as needed.

Intensive Care Unit

If the patient requires an emergent surgical airway, the trauma and ED attending are immediately notified and respond.

The ED attending is responsible for airway management. If the patient requires emergent intubation, the ED performs.

A glide scope, appropriate laryngoscopes and multiple sizes of endotracheal tubes are available at the bedside. In the unlikely event, the intubation is not successful, the trauma surgeon will perform an emergency cricothyrotomy. Please refer to the Cricothyrotomy practice guideline.

Surgical airway trays are readily available in the trauma bay. In addition, an Operating Room nurse and tech respond to all trauma activations and are available to assist with the procedure as needed.

*In the case of a difficult airway, the on-call anesthesiologist is readily available to assist.

American College of Surgeons Resources for Optimal Care of the Injured Patient. 2022 Standards (March 2022). Standard 5.11 Chicago, IL. ©American College of Surgeons

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