Difficult Airway Intubation (DAI)

Children's Mercy KANSAS CITY | Evidence Based Practice

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

Pt has history or physical exam findings suggesting DAI

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

Yes

- Call for help (Code Blue)
- 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: 816-458-7102
    - Nights, Weekends, Holidays, use AH: 816-458-6044
- Proceed with standard resuscitation efforts as needed

No

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

No → Consult ENT

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

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

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

Yes → (back to Call for help)

No

Report patient status changes to provider team

ENT Consultation Reasons:
- ENT or anesthesia intubation or bronchoscopy findings of:
  - Cormack-Lehane Grade III or IV
  - Severe laryngeal papillomatosis
  - Severe subglottis stenosis
  - Severe tracheal stenosis
  - Difficult intubation for other reasons
- SYNDROMES sometimes associated with a DAI
  - Pierre-Robin
  - Treacher Collins
  - Apert or Crouzon
  - Goldenhar
  - Choanal atresia
  - Hunter or Hurlers
  - Klippel-Feil
  - Muscular Dystophy
  - Spinal Muscular Atrophy
  - VACTERL
  - Arthrogryposis multiplex
  - Morquio-Ulrich
  - Other syndromes with features suspicious for a DAI
- FEATURES 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

Team roles in Caring for Patients with Difficult Airway Intubation

Staff members responsible for communicating patient status changes to the provider team are:
- Bedside RT
- Bedside RN
- Charge RT
- Charge RN

Provider Team:
- 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 pt. with DA
- Huddle per unit

Additonal 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

Contact: DifficultAirwayReviewTeam@cmh.edu

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