IMPROVING RESPONSE TO ROUTINE AND DIFFICULT AIRWAYS AT WEILL CORNELL MEDICINE/NEW YORK-PRESBYTERIAN HOSPITAL

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INTRODUCTION

● When a patient suffers cardiac arrest, shorter times to securing an airway are associated with better neurological outcomes.1

● Emergency airway management may be difficult, with 9-12% identified as challenging, and complication rates up to 28%.2

● Currently Weill Cornell Medicine - NewYork-Presbyterian Hospital, lacks a systematic, defined approach to airway consultation.

Objectives

• To improve clinical communication
• To identify both routine and difficult emergent airways
• To ensure the appropriate personnel are available to respond in each scenario

METHODS

● Conducted a survey to understand the process for requesting emergency airway management including ICU and anesthesiology airway team personnel

REFERENCES


RESULTS

Advanced Airway Triggers

Desired Trigger Features for an Advanced Airway Team (includes ENT & Surgery)

New Airway Request Algorithm

Haiku alert system was the most popular alert option requested by residents/attendings

Urgency of airway and patient location/identifiers were the top requested items for the initial page

Several trigger features such as expanding hematoma are important for signaling the need for more advanced equipment/personnel

NEXT STEPS

● Implement streamlined EPIC consult order to improve healthcare delivery

● Create risk factor assessment in EPIC to identify potential difficult intubations

● Mechanisms for requesting more advanced equipment (such as fiberoptic intubation supplies) and personnel (ENT, trauma surgeon) must be identified

● Create a system to activate a multidisciplinary advanced airway team (anesthesiologists, anesthesiology technicians, ENT physicians and trauma surgeons)