***Airway Algorithm for 300P and 500P***

This algorithm describes the individual(s) responsible for responding to the airway pager, as well as the algorithm for airway support/attending supervision in the two hospitals (300P and 500P)

300P

500P

Airway pager (12605)

Airway pager (12640)

If Nightime, Weekend or Holidays

Anesthesia attending should be present.

*\*At attd discretion whether to have airway resident intubate vs jointly supervise non-anesthesia ICU fellow/trainee.*

Yes

No

Anticipate difficult airway/hemodynamic instability?

*Attending makes ultimate decision on who intubates*

If MICU/SICU anesthesia attending present, proceed with intubation.

If not contact Periop attending (Voalte: SHC Anes Periop Consult Attending)

*\*Perioperative Attending available ~0730-1700 M-F, pgr 23754*

If Daytime: M-F 7:30 - 1700

Anes attd available: attending + airway resident can supervise ICU non-anesthesia fellow/trainee intubation.

Anes attd unavailable airway resident may proceed with intubation if urgent/emergent.

*Airway resident is not expected to supervise ICU non anesthesia fellow without presence of attending or anesthesia-trained ICU fellow.*

*\*Backup options if Scheduler unavailable: Anesthesia-trained ICU fellow in 300P or 500P,*

*OB attending (x10865), Airway Moonlighter Fellow in 300P (pager 12640),*

No

No

Airway resident:

* For emergent intubations call a “Blue Code”
* Proceed w/ intubation. If able, notify attending per protocol below

Backup Options during Code:

* Call *“Difficult Airway Code”* if needed. (can’t intubate, activates more airway support and Surgery/ENT/Trauma)
* Call *“CV Code”’* if refractory code

(activates ECMO and Cardiac Surgery)

Pt coding?

Yes

*Anyone may call a* ***Difficult Airway Code*** *at any time to get immediate Anesthesia, ENT, & Trauma Surgery backup + difficult airway equipment.*

Call Anesthesia Scheduler/ Anesthesiologists in 500P (call: 60249)

Pt coding?

CODE BLUE

Yes