Difficult Airways
Testing Latent Threats using in-situ Simulation

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DIFFICULT AIRWAY TEAM
The Team!

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Outline of presentation

- Background
- What we did
- How we reduced the risks
- Our findings
- Next steps
Background

- The Difficult Airway Society developed from a number of anaesthetists who met to promote the role and use of fibre optic intubation in the management of the difficult airway.

- 2014 Critical Care created Consultant lead in Airway Management.

- Introduction of Difficult Airway trolleys set up by theatres and the Airway Management plans for each patient.

- Critical Care Bundle consisting of dump sheet, checklist, DA algorithm (DAS algorithm used) and multidisciplinary training day. New Airway Trolleys.
What we did

- We trained 35 people (MDT) across 3 ICU departments
- The same scenario (DA) on each floor
- Using real kit in real time
- We then debriefed both technical and non technical skills
Risk Minimisation

- A safety walk around was carried out that morning.
- Spare emergency equipment and trolleys were made available.
- Safety signs were located to notify staff, patients and relatives that training was in progress.
- There was buy in from each stakeholder (Matrons, Consultants, Nurse in Charge).
- Switchboard was notified.
What we found

- Staff were unaware of front of neck access kit
- There was too much kit on the difficult airway trolley
- Drugs took up to 19 minutes to be given from when they were ordered
Participant feedback

- Participants were keen to be involved and gave excellent feedback
- This exercise increased knowledge and awareness of the DA Guidelines
- Participants have actively asked for more sessions
Next Steps

- Staff education campaign
- Reduction of kit in the difficult airway trolley
- Pre-filled emergency syringes
- More in-situ training
Thanks for your time!

Any Questions?