


	Trauma Services	No. 4032
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	Title: Airway Management of the Trauma Patient- Shared	Effective Date: 05/30/2023

PURPOSE:

To insure appropriate, safe and consistent airway management.

POLICY STATEMENT:

An established agreement between trauma and emergency medicine for the acute management of airway in patients with traumatic injuries

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

WPP Surgery, Emergency Medicine, WPP Peds Intensivist, and Anesthesiology.

WHO SHOULD READ THIS POLICY:

This policy shall be read by department staff, supervisors, managers, directors, and administrators.

PROCEDURES:

- I. The trauma attending is responsible for total patient care. In the absence of the trauma attending, the emergency department physician assumes total patient care.
- II. The emergency department attending physician assumes responsibility for management of the patient’s airway; however, airway management of the trauma patient shall be the responsibility of the attending health care provider with the greatest proficiency in airway management.
 - a. Pediatric patient airway attempts are limited to 2 by Emergency Medicine Attending then airway management should be deferred to the attending health care provider with the greatest proficiency in pediatric airway management (PICU attending or Anesthesiologist).
- III. Emergency medicine residents, after their anesthesia rotation, are provided the opportunity to participate in airway management of the trauma patient under the guidance of the emergency medicine attending physician or trauma attending. Learners should defer management to attending after one attempt.
- IV. Anesthesia services are available for back up and can be reached by pager, direct overhead page, or call to the operating room. Expected response from request is within 15 minutes.

Origination date: 12/01/1998


Prepared by: MGR, TRAUMA PROGRAM

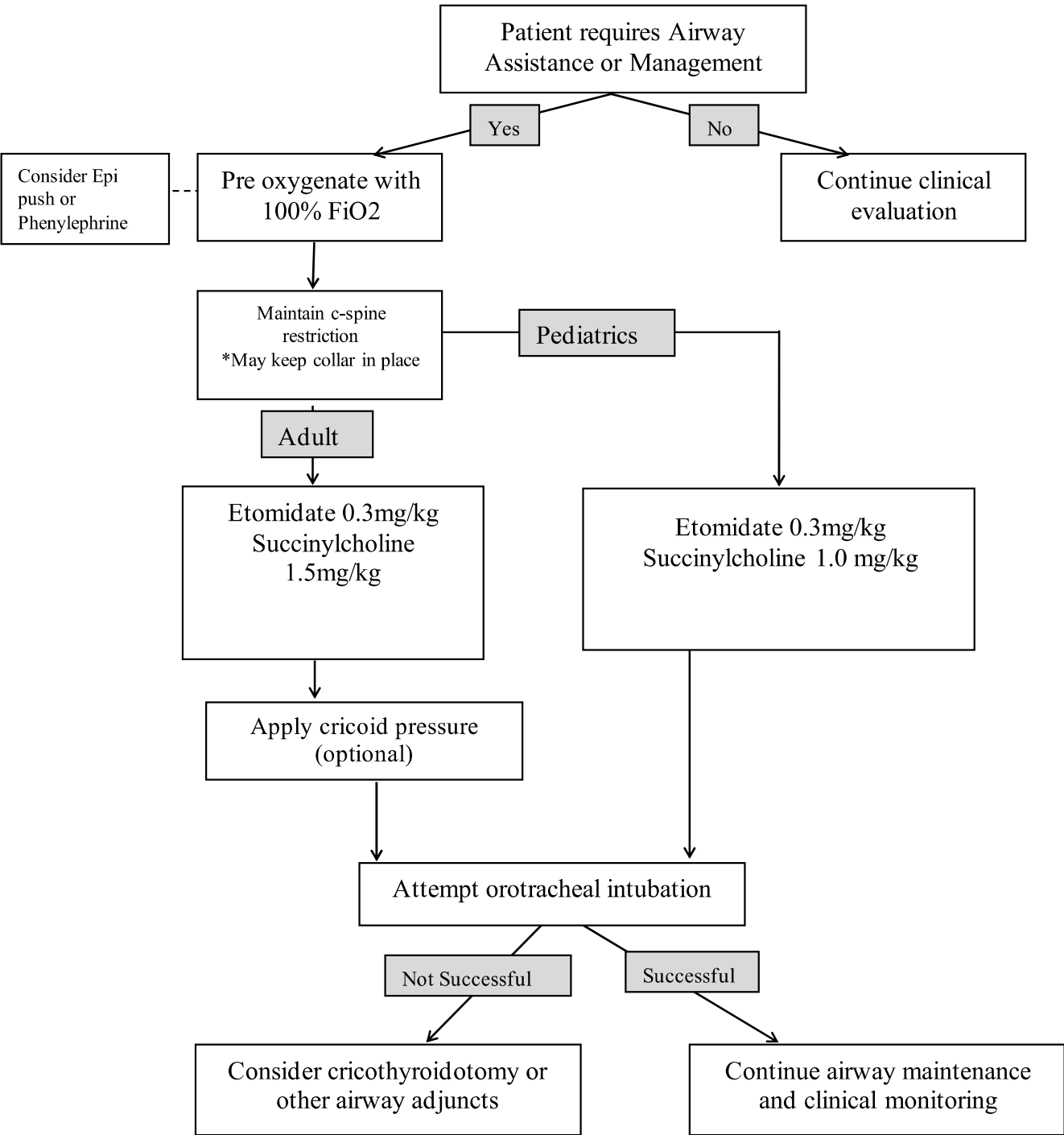
Approved by: MED DIR, TRAUMA, PHYSICIAN, SURGEON

Reviewed: 05/30/2023

Revised: 05/30/2023

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