



Airway Team (ART) Process

S- Situation: Currently, Anesthesiology providers are completing ALL intubations for Froedtert Hospital, except the Emergency Department.

B- Background: All Anesthesiology providers are in the process or have been trained in the simulation lab on specific intubation protocol for intubations.

A- Action: Our team has been asked to create an Airway Team 2, and potentially 3, by the end of next week. This is to prepare for a potential surge. Our ART 1 will consist of an Attending/ CRNA; ARTs 2 and 3 will consist of an Attending/CRNA/Resident. Residents will attend the ART calls as available. Currently ARTs 1 and 2 are activated. Communication between the two teams are the responsibility of the Attendings assigned to the teams. Please rotate calls between the teams as appropriate. Additionally, after each call debrief has been completed, a team member must call the Air Traffic Controller (ATC) with an all-clear message (4-1712). ATC has not been implemented yet.

R- Required: ART 1 and ART 2 will huddle at 0705-0715 and 1905-1915. Elements to discuss: introductions, experiences with ART calls, at-risk patients (patient list with RRT nurse), new directions or initiatives, questions for leadership and what the group needs. Huddles are in the MICU patient waiting room (end of hall opposite MICU admitting doors). If new team members from Anesthesiology are relieving you, Attendings will need to onboard the new members of the current process, including all updates and changes.

We have three COVID-19 carts with standardized supplies for intubations and PPE. Each cart will have a pack with critical supplies: LMA. Stylet, oral airway- these need to be placed on top of the cart for easy access from outside anesthesia provider. Each cart will have a CAPR and PAPR on top (Need training on NEW PAPR before use). Please use the one you prefer and give the second one to the RT or RRT nurse. We now have a COVID-19 Anesthesia Tech 24/7. They are responsible for the cleaning and helping with supplies.

ROLES AND RESPONSIBILITIES

IN-ROOM: RT, RRT or ICU charge nurse, and Anesthesiology Attending. Anesthesiology Attending leads short huddle before entering patient room to discuss medication and RT support, gather needed intubations supplies, including video laryngoscope. Nurse will push medications and RT supports intubations procedure.

OUT-OF-ROOM: CRNA/Resident, Pharmacists, and additional nurse. The CRNA or Resident will have access to the cart to hand you immediate supplies, and be available for difficult intubation; Pharmacists for medications (all should be pre-drawn); and nurse to help doffing of PAPR. COVID-19 Anesthesia Tech available, if able, for supplies and re-stocking and cleaning carts. If Anesthesia Tech is not available, please take COVID cart to anesthesia workroom for stocking and cleaning.

ALL team members will have zone phones and pagers. **ZONE phone numbers** will be laminated on top of COVID carts for easy access.