Emergency Anaesthesia in the Emergency Department

Network Guideline

Purpose. To provide overarching principles of practice and governance to all acute receiving hospitals in the West Midlands Trauma Network.

Scope of document. Limited to providing guidance for emergency intubation to secure an airway, to stabilise breathing or to facilitate emergency scanning. Provision of anaesthesia or sedation for surgical procedures is outside the scope of this document.

Introduction

Airway or breathing compromise is a common issue in the care of trauma patients and if not dealt with promptly and effectively may be a contributor to avoidable harm (1). All hospitals receiving acute trauma patients must be in a position to provide rapid airway support including emergency anaesthesia and intubation. Historically anaesthesia and intubation delivered outside the operating room is associated with a higher incidence of adverse events including failed intubation (2) and awareness (3). Recent reports highlighting these are leading to changes in practice that is reflected in this guidance.

Standards

1. All Emergency Departments must comply with the minimum monitoring and equipment standards for emergency anaesthesia (4)
2. Each Trust must agree the equipment available for rescuing the airway in case of failed intubation and an algorithmic approach to management (eg DAS)
3. Anaesthesia and intubation should only be performed by clinicians with the required training and regular experience in performing the skills; these clinicians may be from ED, anaesthesia or intensive care. All Trusts providing emergency anaesthesia in ED must have a clear process for ensuring staff are adequately trained before providing anaesthesia for trauma patients is ED and maintenance of competencies
4. There must be clear guidance on who to call for support in potentially difficult cases and how this is done.

Recommendations.

1. A pre-anaesthesia/ pre-RSI checklist should be utilised
2. Equipment available in the Emergency Department should be the same as in theatres and intensive care although video laryngoscopy should only be introduced after careful assessment of the training and maintenance requirements. It should not be different from that in other parts of the hospital
3. Staff supporting the operator should be trained specifically in how to support emergency anaesthesia and intubation
4. Emergency department anaesthesia should be regularly audited against the standards above and reported to the trauma governance committee of the trust
5. Airway management and rescue strategies should be part of scenario team based practice.

References

1. Trauma: Who Cares? A report of the National Confidential Enquiry in to Patient Outcomes and Death. 2007
2. 4th National Audit Project: Major complications of airway management in the UK. Royal College of Anaesthetist 2011
3. 5th National Audit Project: Accidental Awareness during general anaesthesia in the UK and Ireland. Royal College of Anaesthetist. 2014
4. Recommendations for standards of monitoring during anaesthesia and recovery 2015. Published by AAGBI December 2015