

NEWBORN AIRWAY EMERGENCY PROTOCOL

Initial airway assessment and unsuccessful oral endotracheal intubation (NCCC Team)

Activate Newborn Airway Emergency response team (NCCC Team Leader to delegate)

CALL 4-4111

“Newborn Airway Emergency Labor and Delivery”

or

“Newborn Airway Emergency Newborn Critical Care Center”

Clear delivery room or NCCC Pod of non-essential personnel
(NCCC Team Leader or NCCC Charge RN)

CROWD CONTROL

NCCC Charge RN
and/or highest
ranking NCCC team
member *not* primarily
involved in caring for
the patient

Emergency Airway Team Arrives.
Members introduce themselves
(name, service, role/level of training).
NCCC Team provides verbal handoff.

Continued **EMERGENT** AIRWAY NEED
(unstable patient)

NON-EMERGENT AIRWAY NEED
(satisfactory ventilation & patient stability)

Emergency airway management
transitions to specialist in the
following order*:

Pediatric ENT Attending
Pediatric Anesthesiology Attending
Pediatric Pulmonary Attending

***Note:** Training RANK supersedes SERVICE: therefore any singular attending present from these services becomes the airway leader.

ENT, Pulmonary, and Anesthesia teams to
discuss best course of action (which team
will perform airway management, decision
to secure an airway in DR/NCCC vs. transfer
to OR, etc.)

Neonatology will remain the PRIMARY CARE TEAM in each scenario, unless
EMERGENCY BEDSIDE SURGERY is required.

For patients transferred to OR, consider having NCCC team member accompany patient
to continue medical management.