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)

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

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

Continued EMERGENT AIRWAY NEED (unstable patient)

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.

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

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.

Updated November 2019 Orth / Massaro / Wood in collaboration with Zdanski / Noah / Pittenger