

# 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.