

# PART 5: APPENDICES









## APPENDIX I: AIRWAY SAFETY TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIIN

Purpose of Tool: A checklist to review current or initiate new interventions for recognition and prevention of airway events and harm in your facility

Reference [www.hret-hiin.org](http://www.hret-hiin.org)

### Airway Safety Top Ten Checklist

-  Adopt an assessment tool to identify patients at high risk for respiratory depression or airway compromise. Use this to implement appropriate monitoring guidelines based on patient risk factors for airway compromise and respiratory depression. Educate family for rapid response team activation.
-  Integrate an identification process in the electronic medical record to alert the health care team of the potential for a difficult airway.
-  Adopt the Pasero sedation scale (or another validated tool) to assess sedation levels for patients receiving opioids. Use a change in the scale to trigger a rapid response team evaluation.
-  Adopt and utilize a standardized airway assessment tool (such as LEMON: Look, Evaluate, Mallampati, Obstruction, Neck) to identify patients with difficult airways.
-  Develop airway carts to ensure necessary equipment is readily available to address unanticipated airway events in each relevant unit.
-  Develop, adopt and utilize a difficult airway algorithm.
-  Adopt spontaneous awakening trials (SATs), coordinated with spontaneous breathing trials (SBTs) to promote early weaning and extubation.
-  Update standards for airway device repositioning and for skin and mucosal inspection to ensure skin and mucosa are intact and not at risk for injury.
-  Implement simulation training for the health care team in airway assessment, difficult airway management and airway placement.
-  Cultivate a process for timely root cause analysis with the bedside staff for airway safety issues such as delays in recognition, delays in airway placement, hypoxemia during intubation, multiple intubation attempts, airway dislodgement and skin injury.