Airway Safety Top Ten Checklist

| TOP TEN EVIDENCE BASED INTERVENTIONS | | | | |
|---|-------------|-------------|---------------|-------------------------------------|
| PROCESS CHANGE | IN PLACE | NOT DONE | WILL ADOPT | NOTES (RESPONSIBLE AND BY WHEN?) |
| Adopt an assessment tool to identify patients at high risk for airway compromise. | | | | |
| Develop a decision tree with monitoring guidelines based on patient risk factors for airway and ventilatory compromise. Educate family for rapid response team activation. | | | | |
| Adopt the PASERO sedation scale (or another validated tool) to assess sedation levels for patients receiving opioids. | | | | |
| To provide identification of high-risk airways, develop and utilize a standardized airway assessment tool such as: LEMON: LOOK, EVALUATE, MALLAMPATI, OBSTRUCTION, NECK. | | | | |
| Provide an airway cart in each relevant unit to ensure necessary equipment is readily available to address unanticipated airway events. | | | | |
| Develop and utilize an algorithm to address difficult airways. | | | | |
| Adopt spontaneous awakening trials (SATs), coordinated with spontaneous breathing trials (SBTs), to promote early weaning and extubation. | | | | |
| Update standards for tube 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 care team in airway assessment, difficult airway management, and airway placement. | | | | |
| Develop a process for timely Root Cause Analysis with the bedside staff for airway safety issues such as delays in recognition, delays in airway placement, airway dislodgement, and skin injury. | | | | |





