

ED CLINICAL GUIDELINE

AIRWAY GUIDELINES

NYC H+H KINGS COUNTY HOSPITAL CENTER

This guideline is not intended to supersede clinical judgment. Deviation may occur at the treating attending's discretion.

Pre-Hospital Intubation

For patients intubated in the prehospital setting, airway position should be reassessed by clinical evaluation upon arrival, and guided by adjuncts that may include, but are not limited to, pulse oximetry, end-tidal CO₂, direct visualization and/or imaging. If there is concern for displacement of the endotracheal tube (ETT), direct airway visualization should be performed to confirm placement. During patient transfers, including movement from the EMS stretcher to the hospital stretcher, ETT control and airway integrity should be maintained through coordinated team efforts.

Trauma Codes

Airway roles during trauma code activations are detailed in the **Trauma Team Roles in Resuscitation Policy** under the [Trauma Surgery Department's Online Protocol and Guideline Library](#) on Sharepoint.

Difficult Airway Assessment

A potential anatomically or physiologically difficult airway should be assessed to guide the development of an appropriate airway management plan.

Airway Box

Airway boxes are available in CCT and the ED Observation Unit. The contents are detailed in the **Cardiopulmonary Arrest and Code Cart Management Policy** in the [Hospital-Wide Policy Folder](#) on Sharepoint