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Name	Do you have any relationship(s) with any pharmaceutical and/or corporate sponsors in relation to the presentation of your subject that need to be disclosed? If yes, please describe below.
Dr. Jim Kim	No



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FACULTY OF MEDICINE

CONTINUING PROFESSIONAL DEVELOPMENT

*If you experience technical difficulties please contact Telehealth at 1-604-209-6490*

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UBC CPD www.ubccpd.ca

122 bpm 74% SpO2 100 SpH

New Patient Start

UBC a place of mind CONTINUING PROFESSIONAL DEVELOPMENT

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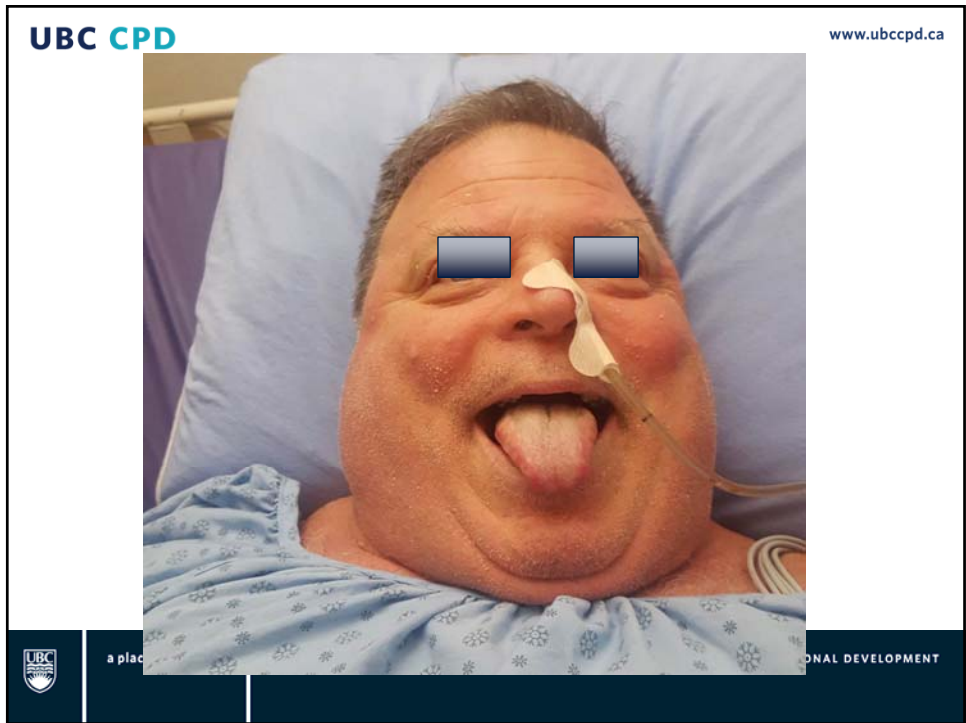
UBC CPD www.ubccpd.ca

UBC a place of mind FACULTY OF MEDICINE CONTINUING PROFESSIONAL DEVELOPMENT

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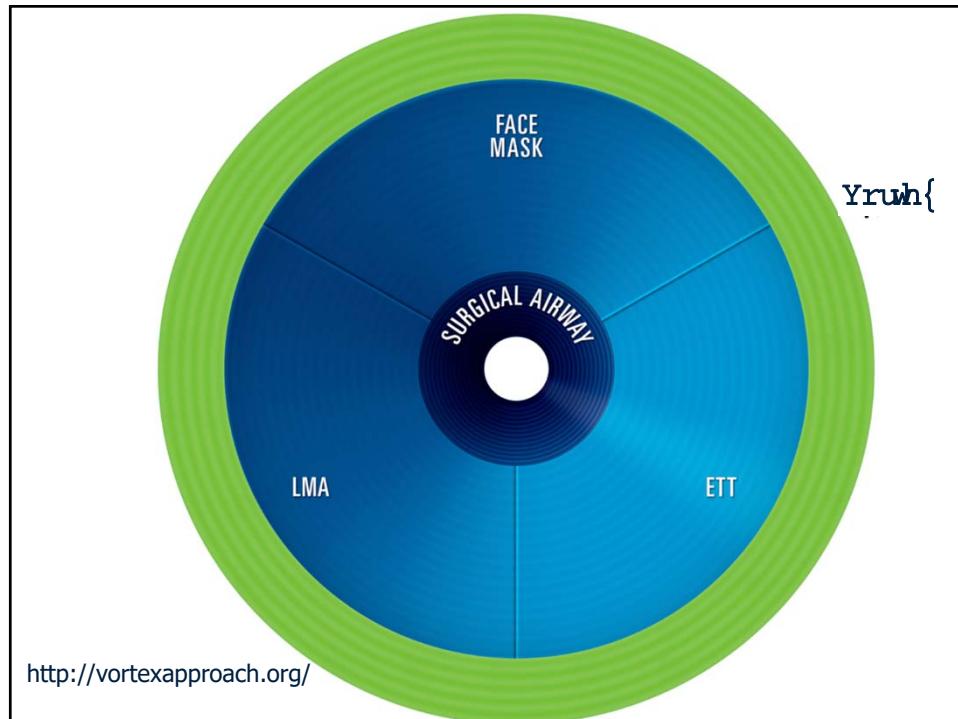
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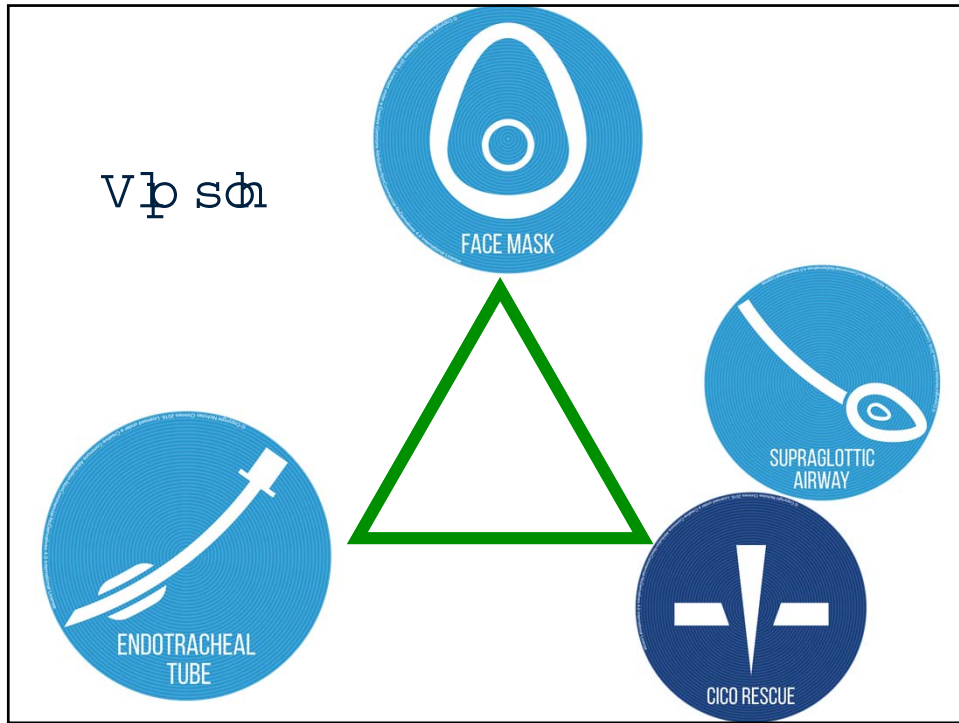


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# What is going through your mind?

- **Plan**
- **Equipment**
- **Back up plan in case of failure**





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## 4th National Audit Project (NAP4)



The Royal College of Anaesthetists



The Difficult Airway Society



The National Patient Safety Agency  
Patient Safety Division



The Intensive Care Society



The College of Emergency Medicine

4th National Audit Project of  
The Royal College of Anaesthetists and The Difficult Airway Society

## Major complications of airway management in the UK



Report and findings  
March 2011

<http://www.rcoa.ac.uk/NAP4>

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## Executive Summary

***At least one in four major airway events reported to NAP4 was from ICU or the emergency department.***

*The outcome of these events was more likely to lead to permanent harm or death than events in anaesthesia.*

*Analysis of the cases identified gaps in care that included: poor identification of at-risk patients, poor or incomplete planning, inadequate provision of skilled staff and equipment to manage these events successfully, delayed recognition of events and failed rescue due to lack of or failure of interpretation of capnography. The project findings suggest avoidable deaths due to airway complications occur in ICU and the emergency department.*

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## Clinical Themes

- Poor airway assessment
- Poor Planning: no strategy
- Failure to Plan for Failure
- 'If at first you don't succeed...'
- High failure of emergency needle cricothyroidotomy
- Poor judgement

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## Airway: All you need to know in 60s

- **Airway assessment**
- **Plan for success**
  - **Preparation**
  - **Equipment**
  - **Help**
- **Plan for failure**
  - **Simulation**
  - **Scalpel Bougie**
- **Do what you do best**

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## Original Article

### The Airway App: exploring the role of smartphone technology to capture emergency front-of-neck airway experiences internationally

L. V. Duggan,<sup>1</sup> S. L. Lockhart,<sup>2</sup> T. M. Cook,<sup>3</sup> E. P. O'Sullivan,<sup>4</sup> T. Dare<sup>5</sup> and P. A. Baker<sup>6</sup>

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*4 Professor, Department of Anaesthetics, St. James's Hospital, Dublin, Republic of Ireland*

*5 Professor, Department of Philosophy, Auckland University, Auckland, New Zealand*

*6 Senior Lecturer, Department of Paediatric Anaesthesia, Starship Children's Health, Auckland, New Zealand*

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## Operators eFONA

- 26% Anesth
- 23% Emerg
- 23% Paramedic
- 16% Surgery
- 8% ICU
- 4% Other

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Indications	%
CICO	72%
Airway Obstruction	45%
Respiratory Arrest	29%
Cardiac Arrest	28%
Face/Neck Trauma	27%
Not Anticipated	13%
History of Head/Neck Cancer	10%

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