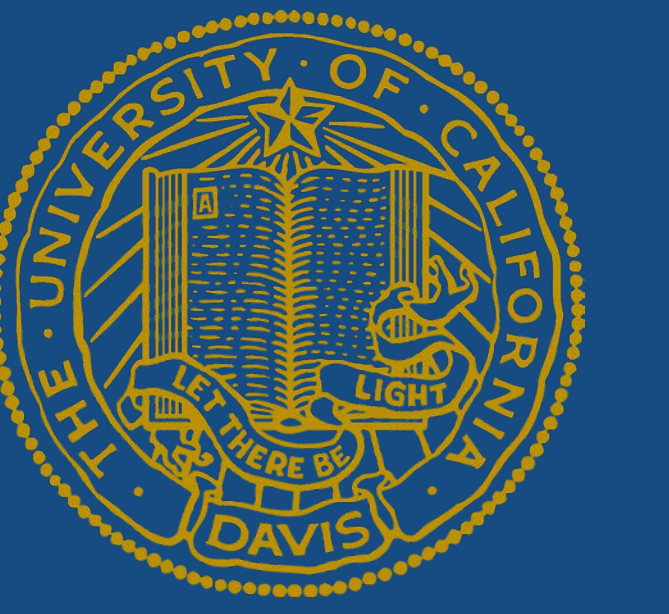




Pediatric Critical Airway Team (P-CAT): Problem Identification, Needs Assessment and Implementation



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INTRODUCTION

- UC Davis Children's Hospital is located within an Adult Medical Center and many resources are shared
- Four (4) near-miss Pediatric airway events in < 1 year
- Multi-disciplinary review: Pediatric/OB Anes, ENT, Peds Surgery, Trauma, PICU/NICU, EM, RRT and Code Blue Teams over 2 years

LIMITATIONS IDENTIFIED

- Life-threatening/High risk yet low frequency events
- Multiple responders – leader unknown
- Multiple intubation attempts (>10 in 2 cases)
- Scattered equipment (Children's Surgery, Adult ORs, PICU)
- Lack of coordinated effort – difficult to reach
- Many Peds specialists on home call

AIRWAY CART



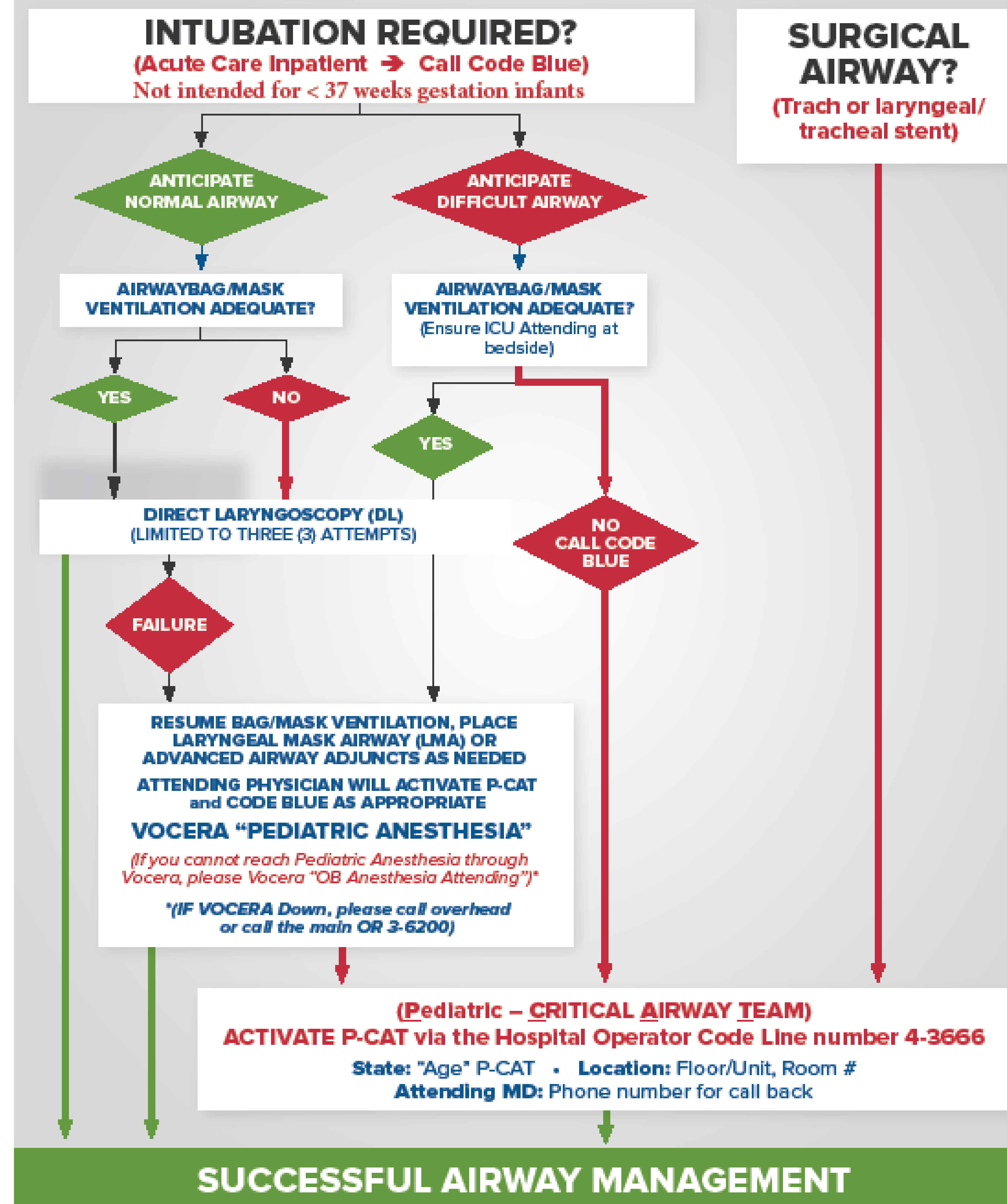
REFERENCES

<http://www.chop.edu/clinical-pathway/airway-difficult-critical-clinical-pathway>
<https://www.das.uk.com/guidelines/paediatric-difficult-airway-guidelines>

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ALGORITHM

Airway Management Guide **UCDAVIS** CHILDREN'S HOSPITAL



BEDSIDE CARD

My Special Airway Card

Reason for alert:

- Difficult intubation (reason) _____
- Structural anomalies (explain) _____
- Surgical repair (date & type of repair) _____
- Other (explain) _____

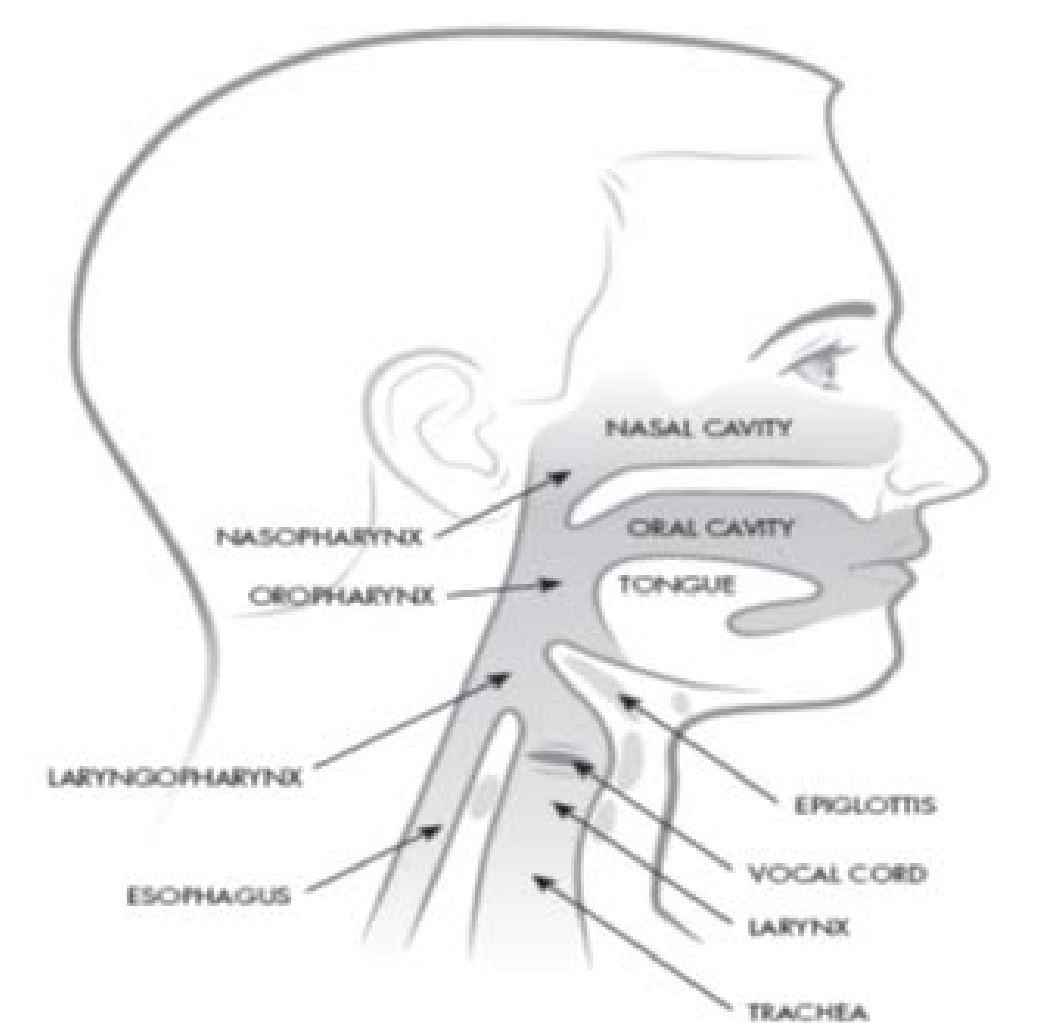
Additional supplies to bedside (check all that apply)

- Oropharyngeal Airway _____
- Airway Type/Size: _____
- Tracheostomy tray _____
- Other _____
- Suggested precautions _____

In case of Airway Emergency
activate P-CAT 816-7227 (see back)

In case of Airway Emergency **ACTIVATE P-CAT**

My Doctor's Notes:



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CHILDREN'S HOSPITAL

SOLUTIONS

- Standardize our process
- Analyze and adapt from other Children's & Adult models
- Develop algorithm with EMR ID + bedside card + take away card
- Build uniform cart with Anesthesia/Surgical supplies
- Interchangeable OR trays for quick turn around
- Single contact entire P-CAT team (pager)
- Multiple surgical services (ENT/Peds Surg), locations (ICU, floor, ED), and patient age (neonate to 18 yrs)

CONCLUSION

- The P-CAT at UCD Children's Hospital is a successful modification of processes used at other Adult and free-standing Children's Hospitals with some key difference identified and overcome
- Standardization of both first responders, back up Pediatric specialists and equipment has decreased negative outcomes in children with difficult airways in our institution over the team's first year