Anaesthetic Department
Management of Patients with Airway Pathology causing Airway Obstruction - Full Clinical Guideline

Reference no.: CG-ANAES/2990-349/2018 v3.00

1. Aim and Purpose

The aim of this guideline is to standardise the principles of care of patients admitted with airway obstruction secondary to airway pathology

2. General Principles

4.1 The patient should be reviewed by the responsible ENT consultant or a senior member of the ENT team on the day of admission or when airway obstruction becomes apparent. The patient should be reviewed by an Anaesthetist and discussed with the on call consultant Anaesthetist.

4.2 The ENT and anaesthetic **teams should agree a management plan** which **Should be documented** in the patient record and shared with nursing staff.

4.3 Unless immediate intervention is decided, the management plan should include the frequency of review by ENT +/- anaesthetic teams.

4.4 In addition to clinical features indicating the severity of airway obstruction, other information such imaging findings, and the nature and time course of the patient's pathology, should be taken into consideration in assessing the likelihood of further deterioration. It is possible for patients with significant airway narrowing to appear comfortable but deteriorate rapidly.

Improvement in airway status following treatment with adrenaline or corticosteroids may be transient.

4.5 If there is a risk of catastrophic airway obstruction, the airway should be secured by intubation or tracheostomy before this occurs.

4.6 Intubation, if required, should occur in theatre in the presence of ENT and anaesthetic teams.

4.7 Admission to the critical care unit may be appropriate for a small number of patients to allow one-to-one monitoring. This may apply to stable patients with significant airway obstruction arising from pathology with the potential for early resolution (e.g. epiglottitis). In such circumstances discussion should occur between the ENT, anaesthetic and critical care consultants.

4.8 If ward (i.e. non-critical care) monitoring is deemed appropriate this should occur on a ward with an appropriate nursing skill mix and physical configuration. This will normally be those wards deemed at the time to be appropriate for management of patients following airway surgery. Patients should be in a bed space which is directly visible from the nurse's station. Continuous pulse oximetry should be employed. Difficulty in identifying an appropriate ward bed should not precipitate otherwise unnecessary admission to critical care

3. References (including any links to NICE Guidance etc.)

4. Documentation Controls

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Review Date:	June 2024
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