

Creation of a Dedicated Anesthesia Airway Cart For Use in High-Volume COVID-19 Airway Management

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What's the Problem?

The COVID-19-specific approach to intubation required a change in the team structure and workflow for emergent airway management.

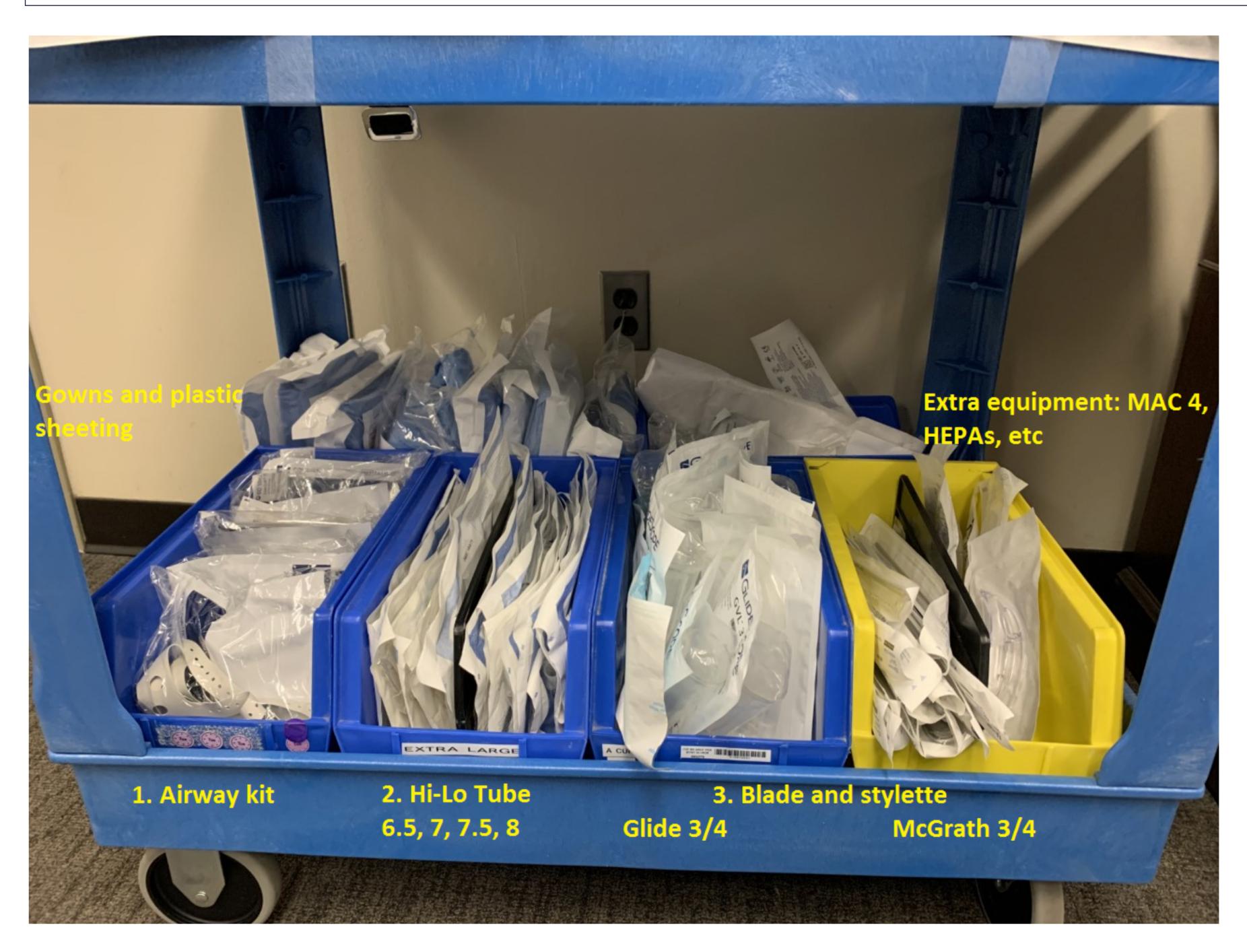
- 1. New need for bulky PPE and the introduction of an aerosol barrier shield for emergent intubations
- 2. Higher volume of intubations and use of videolaryngoscopy requires additional equipment
- 3. Concern for Code Cart contamination and wastage of airway equipment
- 4. Desire for more efficient approach to selecting and customizing equipment

Cause analysis

Root causes of this problem included:

- Prior method of assembling an airway kit from the Code Cart was time-consuming and resource-intensive
- Implementation of PPE and aerosol barrier created a new need

How Might We: Transport Equipment and PPE Effectively throughout the Hospital for Emergent Airway Management?





Improvement Strategy

- A new cart was purchased and laid out in a logical format
- Top of cart houses aerosol shield and PAPRs, bottom of cart reserved for airway equipment
- To assemble needed supplies, the user takes a 1-2-3 approach from LEFT to RIGHT on the bottom of the cart.
- 1) Airway Kit: Colorimeter, Mask Strips, Oral Airways, Tongue Blade, 10 cc syringe
- 2) ETT: sizes 6.5 8 stocked on the cart
- 3) Blade/Stylette: Glidescope or McGrath