

No Strikeouts in Anterior Cervical Surgery Airway Management: QUICK REFERENCE GUIDE

Routine Outpatient Post-Operative Anterior Cervical Surgery Care

- Mandatory 4-hour post-operative observation
- Neurologic exam prior to discharge
- Discharged only if the patient has the support of a competent adult overnight
- Surgery center adherence to “No Strikeouts in Anterior Cervical Airway Management Protocol”

If concern for airway issues or post-operative hematoma the evaluating staff (Surgeon, Anesthesia, Nurse, PA) initiates “Initial Airway Assessment”

Components of “Initial Airway Assessment”

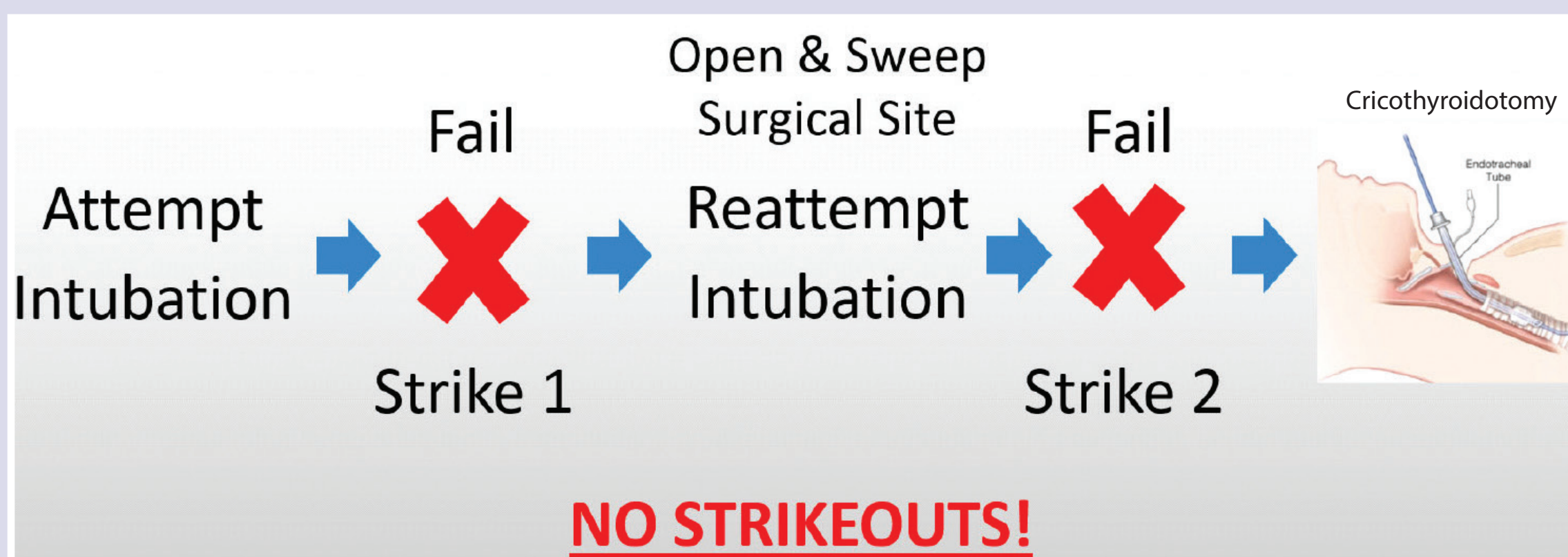
- Staff notifies other staff members in proximity that airway assessment has been initiated
- Onsite anesthesia team is contacted and must evaluate the patient at bedside
- Surgeon is contacted and notified that airway assessment has been initiated
- Staff members in proximity bring the crash cart to the patient’s bedside

Anesthesia team then decides based off evaluation if **No Strikeouts in Anterior Cervical Surgery Airway Management** is initiated

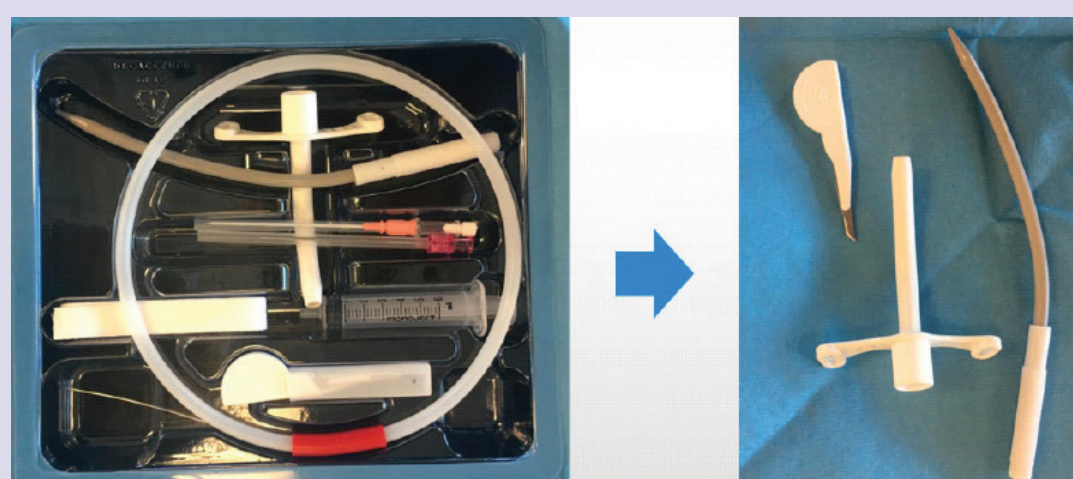
If triggered the following must occur:

- The “No Strikeouts” protocol is taken to completion
- Patient must return to OR for wound exploration & hemostasis

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Crash Cart Cricothyrotomy Kit



Anesthesia OR Cricothyrotomy Supplies

