

# Anaesthesia



## Introduction

This guideline describes the approach to the need for the provision of emergency anaesthesia and airway management for trauma patients within the South West London & Surrey Trauma Network. It is not a substitute for safe clinical judgement, but a guideline for the purposes of standardisation and facilitation within the Network. In line with the NICE guidance RSI should commence within 45 minutes.

## Personnel

Induction of anaesthesia and definitive airway placement in trauma patients involves patients by selection to identify those with the potential for immediate complication and difficulty, and as such should be undertaken by the most experienced operators available. The intubator's assistant should be of a trained skill level appropriate to fully support the intubator and be entirely familiar with the process of rapid sequence induction and the consequences of a failed initial attempt at intubation and the ensuing processes. Trauma patients may present a difficult airway either by virtue of the nature of their injuries or restrictions on movement placed as a result of their injuries. An intubator trained in the management of difficult airways must be available at all times in the event of a failed initial intubation or the expectation of difficulty at assessment. Cricoid pressure should be provided by an assistant who has been trained to provide it adequately and is responsive to the requests of the intubator.

## Equipment

Equipment for anaesthesia and airway management should be readily available at all times and checked on a daily basis. Monitoring should be of a standard to comply with the Association of Anaesthetists of Great Britain & standards of monitoring during anaesthesia and recovery (5th edition, 2015 at this version) and be maintained consistently until the cessation of anaesthesia. The difficult airway equipment location should be made known to all involved in trauma anaesthesia, be stocked to a standard to comply with the provision of the latest Difficult Airway Society guidelines (2015 at this version) and be regularly checked for completeness.

**Drugs**

Intravenous fast-acting opioids should be considered as co-induction agents for intubations to mitigate the impact of intubation on intra-cranial pressure and cardiovascular stability.