

Short Teaching Sessions for Emergency Front of Neck Access

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Abstract : Introduction: The Can't intubate, Can't ventilate emergency scenario is one which has been shown to be managed badly in the past. Reasons identified included gaps in knowledge of the procedure and the emergency equipment used. We aimed to show an increase in confidence amongst anaesthetists and operating department practitioners in the technique following a short tea trolley style teaching intervention. Methods: We carried out the teaching on a one-to-one basis. Two Anaesthetists visited each operating theatre during normal working days. One carried out the teaching session and one took over the intra-operative care of the patient, releasing the listed anaesthetist for a short teaching session. The teaching was delivered to mixture of students and healthcare professionals, both anaesthetists and anaesthetic practitioners. The equipment includes a trolley, an airway manikin, size 10 scalpel, bougie and size 6.0 tracheal tube. The educator discussed the equipment, performed a demonstration and observed the participants performing the procedure. We asked each person to fill out a pre and post teaching questionnaire, stating their confidence with the procedure. Results: The teaching was delivered to 63 participants in total, which included 21 consultant anaesthetists, 23 trainee doctors and 19 anaesthetic practitioners. The teaching sessions lasted on average 9 minutes (range 5- 15 minutes). All participants reported an increase in confidence in both the equipment and technique in front of neck access. Anaesthetic practitioners reported the greatest increase in confidence (53%), with trainee anaesthetists reporting 27% increase and consultant anaesthetists 22%. Overall, confidence in the performance of emergency front of neck access increased by 31% after the teaching session. Discussion: Short 'Trolley style' teaching improves confidence in the equipment and technique used for the emergency front of neck access. This is true for students and for consultant anaesthetists. This teaching style is quick with minimal running costs and is relevant for all anesthetic departments.

Keywords : airway teaching, can't intubate can't ventilate, cricothyroidotomy, front-of-neck

Conference Title : ICAAPM 2018 : International Conference on Anesthesia and Acute Pain Management

Conference Location : Dubai, United Arab Emirates

Conference Dates : November 19-20, 2018