

# Hit a Bullseye with a DART Team

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## INTRODUCTION

Difficult airway cases can quickly become emergencies, increasing the risk of life-threatening complications or death. Emergency airway management outside the operating room is particularly challenging.

Historically at this Academic Level 1 Trauma Center placement of a difficult airway was facilitated by activating a “Trauma Yellow”, the highest-level trauma activation, and the Trauma Service would intubate the patient if needed or perform a cricothyrotomy. A Difficult Airway Response Team (DART) was developed to improve emergency airway management outside the operating room.

## OBJECTIVES

The relaunch of the Difficult Airway team consisted of creating a standardized process for identifying patients who meet criteria for difficult airways across all inpatient units as well as the Emergency Room. This included a clear and concise activation to the multidisciplinary team to respond in a timely manner to the patient’s bedside.

## MATERIALS & METHODS

- A preliminary meeting of all the stakeholders was held in 2020. Patients identified as a difficult airway had a blue “Difficult Airway” wrist band applied as well as the creation of a “difficult airway” icon to appear in the patient’s electronic health record. This icon allowed the patient to be alerted as a difficult airway on all subsequent visits to the medical center.
- Daily audit of the electronic health records would populate a list of all known difficult airways currently in the medical center.
- In collaboration with Respiratory therapy, rapid response team and critical care educator these patients across the medical center would be rounded on daily. Difficult Airway carts were created and located on all the Intensive Care Units, Emergency Room and Step-down unit. This allowed for access to critical equipment on every floor of the medical center.
- Education was created and delivered to all stakeholders by the Critical Care Medical Director, Critical Care Clinical Nurse Educator and Respiratory Therapy educator. In addition to online learning modules and just in time training, mock DART activations were conducted.

## RESULTS

After implementation of the Difficult Airway Response Team in February 2021, 26 DART activations have occurred. Out of these 26 activations, no cricothyrotomy had to be performed and an airway was able to be established via oral intubation.



Ambu Bag Cerner Icon



Difficult Airway wristband

## CONCLUSIONS

The transition from a Trauma Activation to a DART prevented unnecessary resources being allocated to an airway emergency. For example, at this Level 1 Trauma center a “Trauma Yellow” reserves CT scan, activates the operating room, and enacts the entire multidisciplinary trauma team that may not be needed for an airway emergency. These resources can now be reallocated to other critical patient care areas. The process that was implemented with the multidisciplinary team in the creation of the DART team can be applied to further implementation for Code Blue and Rapid Response teams. Continuing education is needed to improve communication while in these high stress situations.

## REFERENCES

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## ACKNOWLEDGEMENTS

Joseph Verde MSRT Respiratory Director, Danielle Davison MD, Medical Director of Critical Care and the ICU staff of George Washington University Hospital

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