

CLINICAL UPDATE

24th August 2021

Paediatric Airway equipment

The Product and Supplies Procurement Group, Clinical Best Practice Group and procurement team are always looking to see how we can make improvements to both Trust efficiency and patient care with the equipment we provide.

The below update will provide insight into some of the changes coming up and clarify some of the changes already made as well as provide a look at some of the products being reviewed.

Any suggestions, feedback or comments on clinical equipment, please contact the QI team (QI@eastamb.nhs.uk) who will be happy to review along with the clinical lead team.



Catheter mounts

The Trust had previously been using two types of catheter mount, a fixed length adult one and a concertina one for use in children to reduce dead-space and maximise ventilation/oxygenation. The concertina one can be fully extended to the length of the necessary adult one and so felt there was little point having two. Following a review at CBPG, the concertina one will be phased in over the coming weeks to replace all mounts in both adult and paediatric airway modules.

Size 00 BVM masks

Following a review of the loading list and after recommendation from an SI investigation, size 00 masks have now been added to the Paediatric module loading lists and should be available with immediate effect. This is to ensure a suitable size BVM mask is available for premature babies requiring ventilation support.

Paediatric iGels

These products have been approved and will be phased in as part of a replacement program over the coming months to have iGels for both adult and paediatric sizes.

Much like the adult ones, they are weight-based sizing as an approximation of which iGel should be used. New sizes are 1, 1.5, 2, 2.5 to go alongside the size 3, 4, 5 we already use. This will provide a consistency of airway management across the entire Trust.



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Airway equipment cont.

Size 1 Miller blade removal

Miller blades were removed from the SLL for the Paediatric modules in February 2020. This was on the basis that there was still a Miller blade available in the ETT pouch if required. With the removal of the ETT pouches from the vehicle SLL, there is a gap in availability of this piece of airway equipment.

The governance groups and clinical lead team are reviewing this with a view for resolution asap.

When inspecting the airway in a baby and infant for FBAO or before placing an airway, laryngoscopy doesn't need to be used in every case. The wooden tongue depressor can be used safely and effectively along with a pen torch if needed.



In most cases with small children the oropharynx and airway anatomy will be visible using the tongue depressor without the need to perform laryngoscopy.

At the point where a child starts to become too big for a tongue depressor to work effectively, approx. 3 years +, the Mac 2 blade can be used to inspect the airway for foreign body removal.

HME filters

Reviewing the current airway circuit filters, we are looking into purchasing 2 types of HME filter to ensure correct sizing for adults and children to minimise dead space. This is along the same thinking as the catheter mounts in maximising ventilation capabilities. Product assessment is underway to determine which products will be the most suitable value for money for the clinical indications we need from an HME filter for both children and adults.



If you have any further questions or comments, please contact clinical.leads@eastamb.nhs.uk or for equipment suggestions or service improvement suggestions contact QI@eastamb.nhs.uk

Thanks very much
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