



## Emergency Anaesthesia in Trauma

**Emergency anaesthesia in trauma patients is complex and requires expert knowledge and skills. Individual trust should follow their own trust specific guidelines when undertaking emergency anaesthesia. This document outlines the potential indications for anaesthesia in trauma and some general principles to consider.**

**Timely management of patients who cannot maintain their own airway and/or ventilation is a measurable trauma standard.**

### **Nice Guidance (NG39)**

People with major trauma who cannot maintain their airway and/or ventilation have drug-assisted rapid sequence induction of anaesthesia and intubation within 45 minutes of the initial call to emergency services.

### **Level 1 BPT for MTCs and standard TU08 for TUs**

Patients with GCS <9 should have documented evidence of intubation being considered within 30 minutes of arrival.

### **Indications for Emergency Anaesthesia in Trauma Patients**

Requires clinical judgement: includes but not restricted to:

- Threatened or actual airway loss secondary to airway trauma (consider difficult intubation) or conscious level.
- Threatened or actual respiratory failure associated with chest/lung/ pleural injury
- Shocked state requiring organ support
- Impending traumatic cardio-respiratory arrest
- GCS  $\leq 8$  associated with traumatic brain injury or other cause of reduced conscious level
- Multi-system polytrauma
- To facilitate immediate operative or other management of an injury or injuries
- To facilitate immediate investigation of an injury or injuries (eg CT)

## General principles

1. Checklist should always be used and NTN recommend all trust use their own trust specific checklist.
2. Never try to intubate with a cervical collar in place, maintain manual inline stabilisation throughout.
3. Consider likely haemodynamic consequence of anaesthesia, intubation and positive pressure ventilation in a hypovolaemic patient
4. The anaesthetist should choose a drug regime with which they are confident and which is appropriate to the patient. Senior help should be sought where the anaesthetist is not familiar with a technique thought necessary (eg use of ketamine).

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