



Air & Surface Transport Nurses Association Position Statement

Advanced Airway Management

Background

In the early 1970s, civilian flight nursing became a recognized nursing specialty and an integral element in the care of critically ill and injured patients. Advanced airway management is an essential procedure in meeting those patient care goals. The procedure can be performed safely and effectively by properly trained transport teams; however, it is not without risks and complications.

Individual state Boards of Nursing regulate registered nursing licensure. ASTNA believes transport providers and teams must work collegially and collaboratively with these regulatory bodies. Registered nurses who perform advanced airway management provide care under the direction and protocols of their medical directors. In addition, Registered Nurses who perform advanced airway management skills must have comprehensive initial and ongoing education to optimize clinical knowledge, skill, and decision-making ability. Education programs teaching these advanced airway management skills should include at least the following components:

- Comprehensive review of airway/respiratory anatomy and physiology
- Basic airway skills and techniques
- Clinical assessment skills to evaluate the need for escalated intervention
- Extraglottic airway devices
- Tracheal intubation using a variety of devices
- Surgical airway techniques
- Pharmacology and clinical application of sedative, analgesic, hypnotic, and neuromuscular blocking agents used in advanced airway management
- Patient safety monitoring equipment, including continuous pulse oximetry, continuous heart rate, and continuous monitoring of waveform capnography
- Teamwork and crisis resource management, as applied to the clinical environment both as team leaders and team members

Clinical best practices evolve continuously.¹ Transport programs performing advanced airway should adopt policies that ensure clinical education and practice components remain current. At the time of publication of this Statement, current literature does not demonstrate a clear difference in outcomes between direct and indirect laryngoscopy²⁻⁵; thus, equipment selection should be individualized both to the patient and provider. Current studies also report that neuromuscular blocking agents improve procedural and clinical outcomes of medication-assisted endotracheal intubation in patients of all ages⁶; thus, use of these agents represents best practice for transport teams performing advanced airway management.

Transport teams performing advanced airway management must have a rigorous continuous performance improvement program that addresses provider outcomes and patient outcomes. Ideally, such programs are overseen by a provider with at least a Master's degree in nursing and specialty education in performance improvement and are linked to external benchmarking entities such as the Ground Air Medical Quality Transport (GAMUT) Quality Improvement Collaborative.

ASTNA Position

- ASTNA supports the curriculum and standards for transport medical directors described by the Air Medical Physicians Association.
- ASTNA believes clinical protocols and clinical education should be developed and implemented collaboratively by nurses and physician medical directors.
- ASTNA believes clinical protocols and clinical education should be reviewed and updated on an ongoing basis to ensure transport team skills remain current.
- ASTNA believes a rigorous continuous performance improvement program should be adopted to address both patient and provider outcomes.

References

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Published 2018 Air & Surface Transport Nurses Association.

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