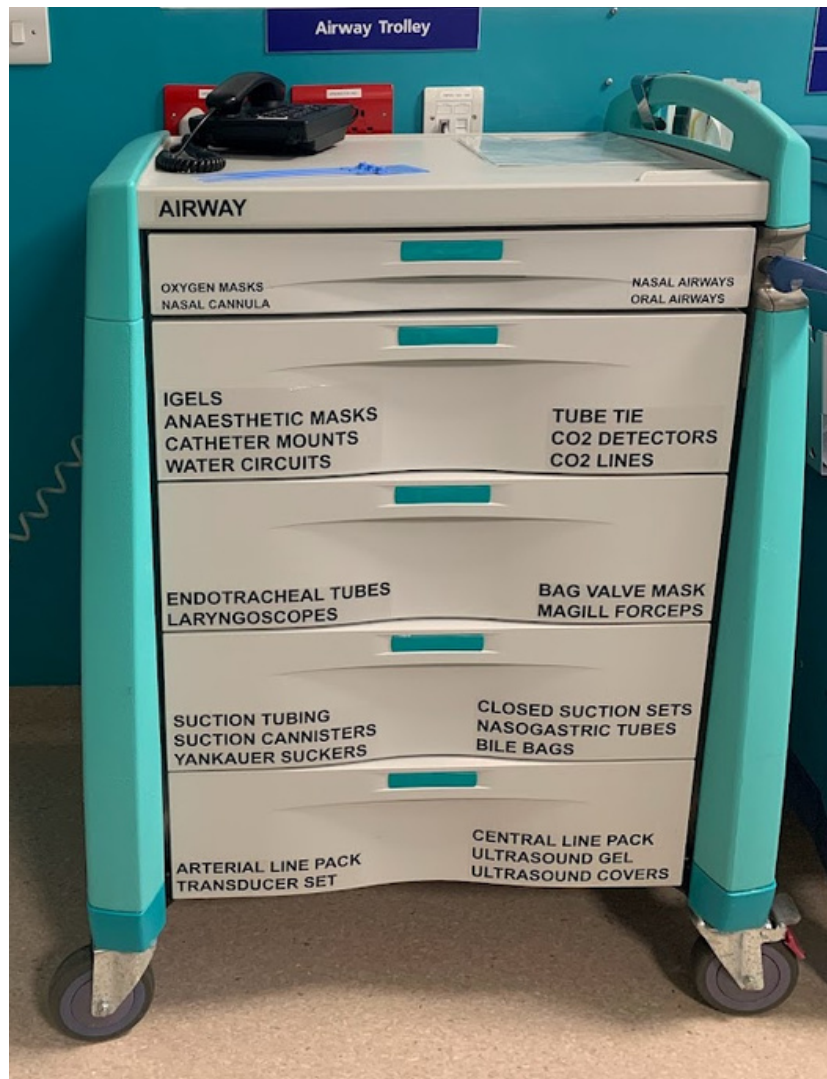




Adult Airway Trolley

1 x in each resuscitation bay
1 x in assessment
1 x in 1-5 (outside 'Shark Tank')

- 5 x drawers, labelled on outside
- Ascending order of invasiveness, starting with simple oxygen delivery devices
- Checked daily or after each use, sealed with blue seal (numbered)

Drawer #1 - Oxygen Delivery and Airway Adjuncts

Nasal cannula

Deliver up to 5L/min of oxygen, used for low levels of hypoxia or as an adjunct during intubation

Nebuliser mask

Used to deliver nebulised medication at 6-10L/min through oxygen or air using a nebuliser box

Oxygen tubing

Used to connect simple mask and venturi valve to oxygen outlet

Non-rebreather masks

Used to deliver high flow oxygen with high FiO₂. Can be used with 10-15L/min. REMEMBER - always inflate bag!

Nasopharyngeal airways

Airway adjunct - used to bypass upper airway obstruction, inserted through the nostril. Can be used in awake patients with intact gag reflex. Not suitable in patients with facial trauma.

Simple face masks

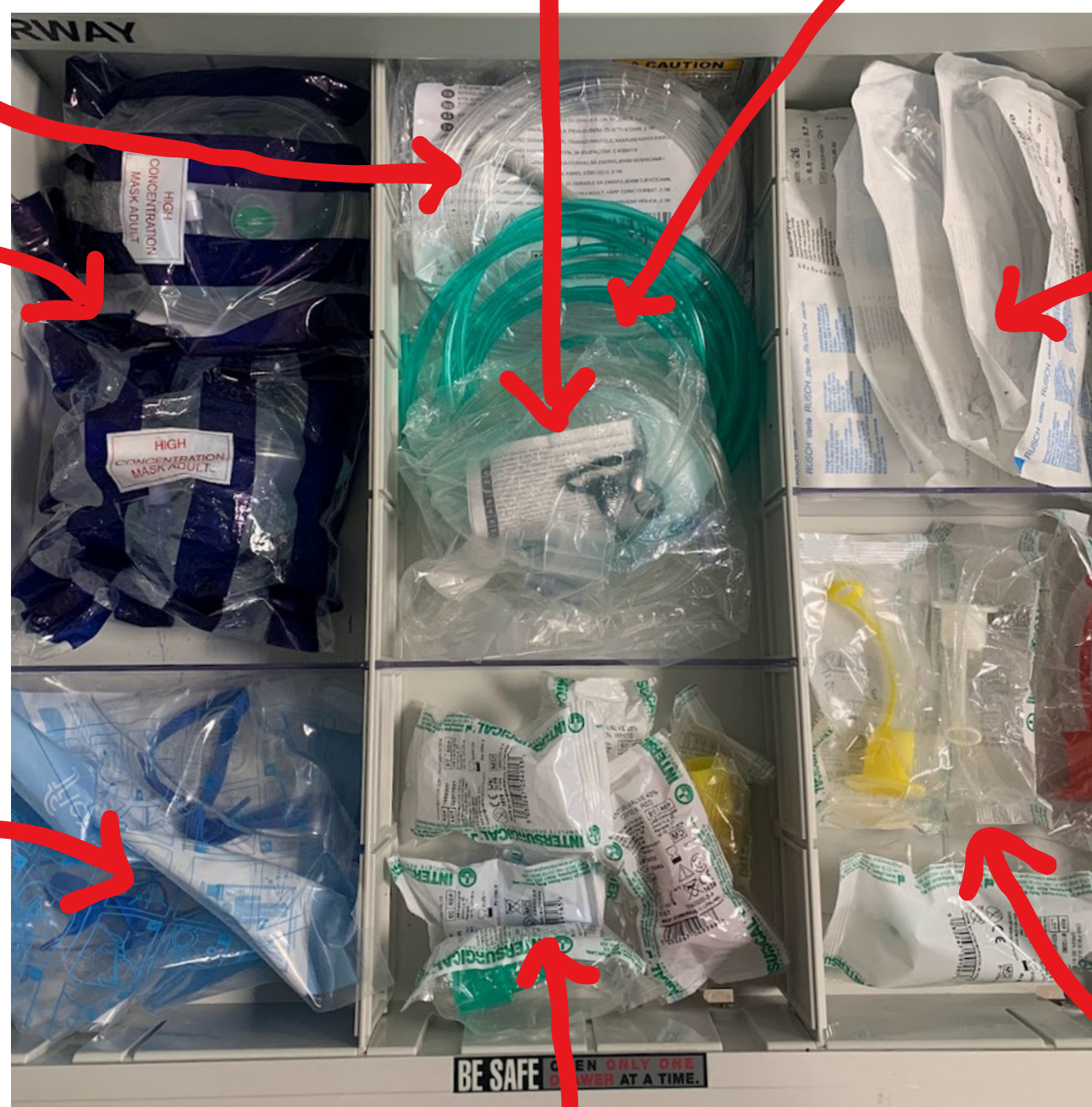
Used to deliver high flow oxygen from 5-10L/min. Can also be used with Venturi valve to achieve an accurate FiO₂.

Venturi valves

Used with simple face mask to deliver a specific FiO₂, useful for patients that retain CO₂ and do not benefit from high flow, unmetered oxygen. Can also be used as a weaning device.

Oropharyngeal airways

Airway adjunct - used to maintain airway by preventing tongue from covering epiglottis. Can only be used in unconscious patients without gag reflex.



Drawer #2 - Airway Securement Level 1

Catheter mount

Used to connect the ETT/iGel to the ventilator circuit, this reduces the jerking movements on the tube and increases patient's comfort.

HME filter

Imitates the upper airway by providing humidification and filtration. Filters both bacterial and viral particles.

iGels

iGels are a form of supraglottic airway and can provide a stable and secure airway through which a patient can be ventilated. There are 3 sizes, these are based on body weight.

Tube ties, scissors and tape

Used to secure the airway once the patient has been intubated. In patients with concerns about ICP (head injury, ICH) tape is more appropriate.

ETCO2 monitoring (Colorimetric)

Used when digital CO2 monitoring not available - changes from purple to yellow in presence of CO2.

Anaesthetic face mask

Used with a BVM or water circuit to create a 'seal' to deliver breaths to a patient.

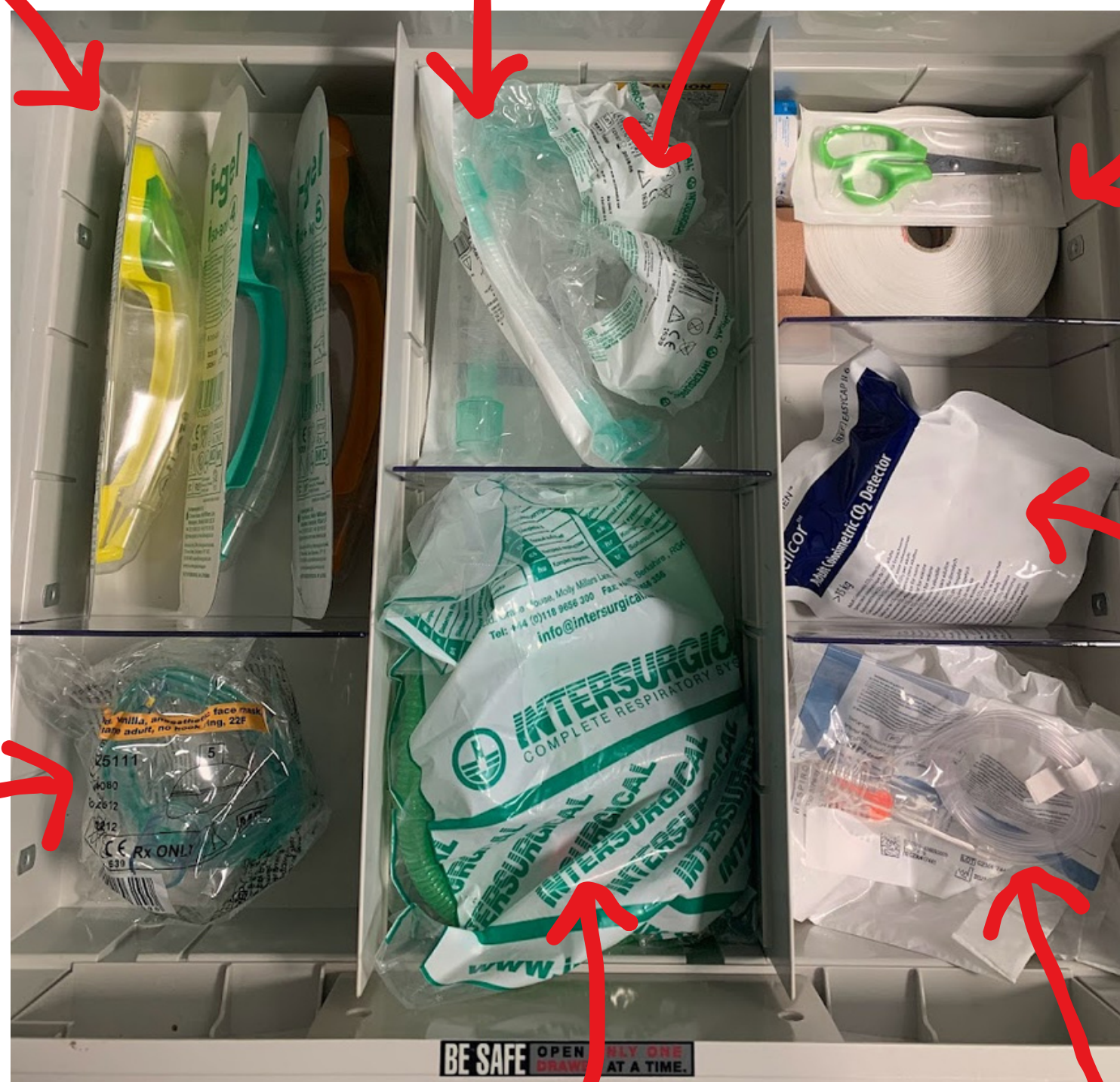
Water circuit

Used to deliver oxygen, manual 'breaths' and to monitor ETCO2. Can be used with a face mask or connected to an iGel or ETT.

When transferring a patient on a ventilator, ALWAYS take a water circuit with you in case of ventilator failure.

ETCO2 monitoring (ZOLL & Phillips)

Used in ventilator/water circuit setup to monitor end tidal CO2 - the amount of CO2 released at the end of expiration.



Drawer #3 - Endotracheal Intubation

Endotracheal tubes

Used to secure airway and provide mechanical ventilation. Stocked from size 5 - 9, typically a size 7 is used for females and a size 8 for males, but this may be changed based on anatomy.

10ml syringes

Used to inflate the balloon on the ETT. Inflate with air. Use 10mls for a normal intubation.

Scalpels

If needing to transition to front of neck access.

Lubricant

Used during intubation for the end of the ETT.

Sponge forceps & gauze

Used to clamp the ETT when transitioning from pre-hospital/ED/ITU ventilator

Video laryngoscope

Intubation equipment with small camera on the end that gives the intubator a view of the airway during intubation. Powered by small battery on side.

Magill's Forceps

Used to guide the ETT or remove FB in the upper airways.



VL handles

Used with metal MAC blades for direct laryngoscopy (no camera view).

MAC blades

Plastic MAC blades used to cover VL, metal ones used with DL handles.

Bag-valve-mask (BVM)

Also known as manual resuscitators and as self-inflating resuscitation systems. Connect to O₂ and deliver ventilation via face mask, iGel or ETT.

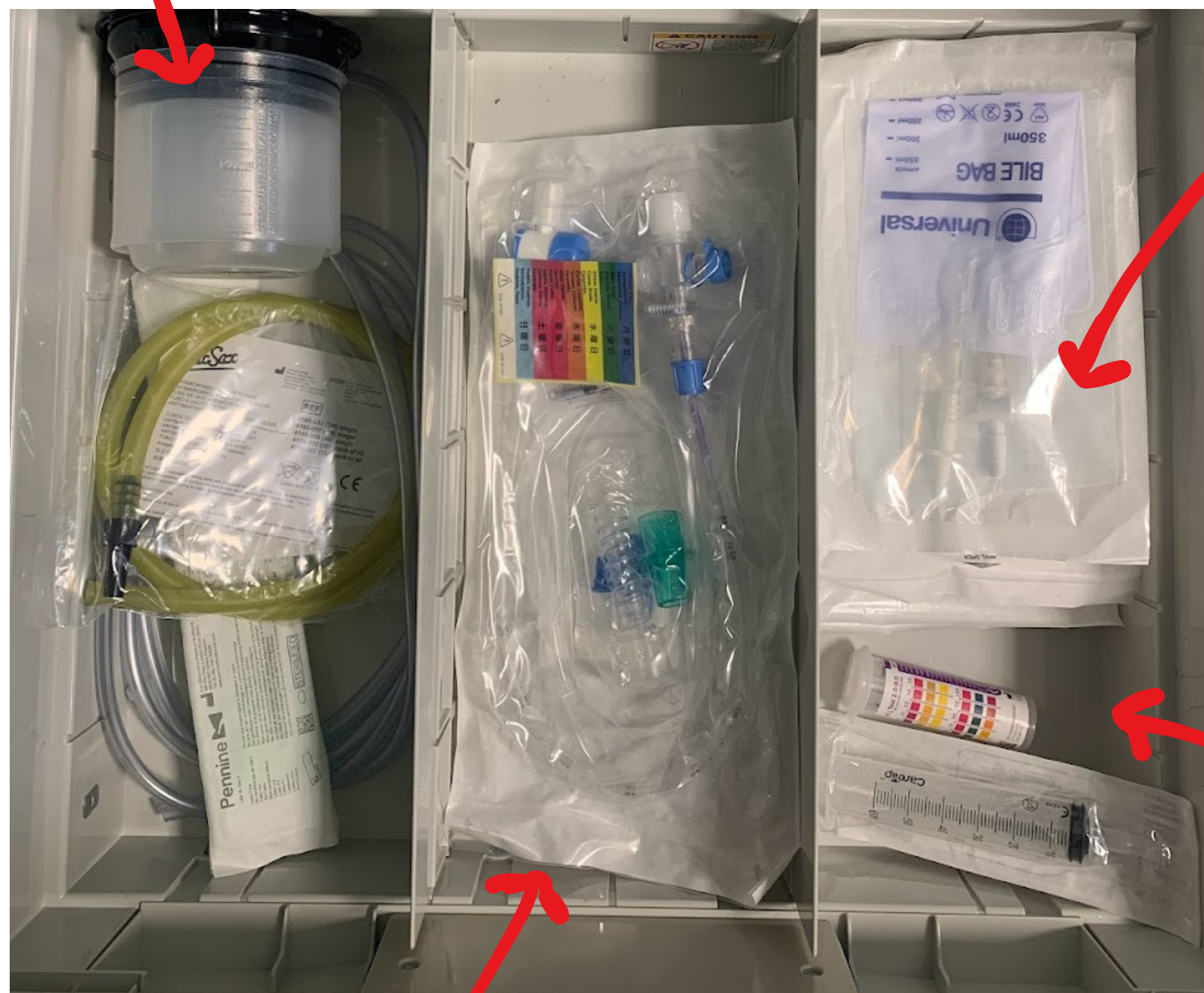
Drawer #4 - Suction and Nasogastric Tubes

Suction insert, tubing and yankauer sucker

Used to replace the suction canister and tubing in the bay if full.

Nasogastric tubes and bile bag

Used to decompress the stomach and reduce risk of aspiration. Can also be used to give medications that would otherwise be PO. Should be capped or attached to a bile bag.



In-line suction

Can be added to the ventilation set-up once patient is connected to the ventilator. Provides suction through the ETT without disconnecting any equipment. Used in patients with high secretion/blood burden.

pH strips and 50ml catheter tip syringe

Used to aspirate the NGT and to test the pH of the contents for confirmation of placement. Placement of NGT in intubated patients is likely to be confirmed via XR also.

Drawer #5 - Lines and Invasive Monitoring

Arterial line pack and spare art lines

Used to invasively monitor BP in unstable/critically unwell patients and for arterial blood sampling. Pack contains all necessary equipment for inserting the art line, 2 x spare art lines are kept underneath.

Central line pack and central lines

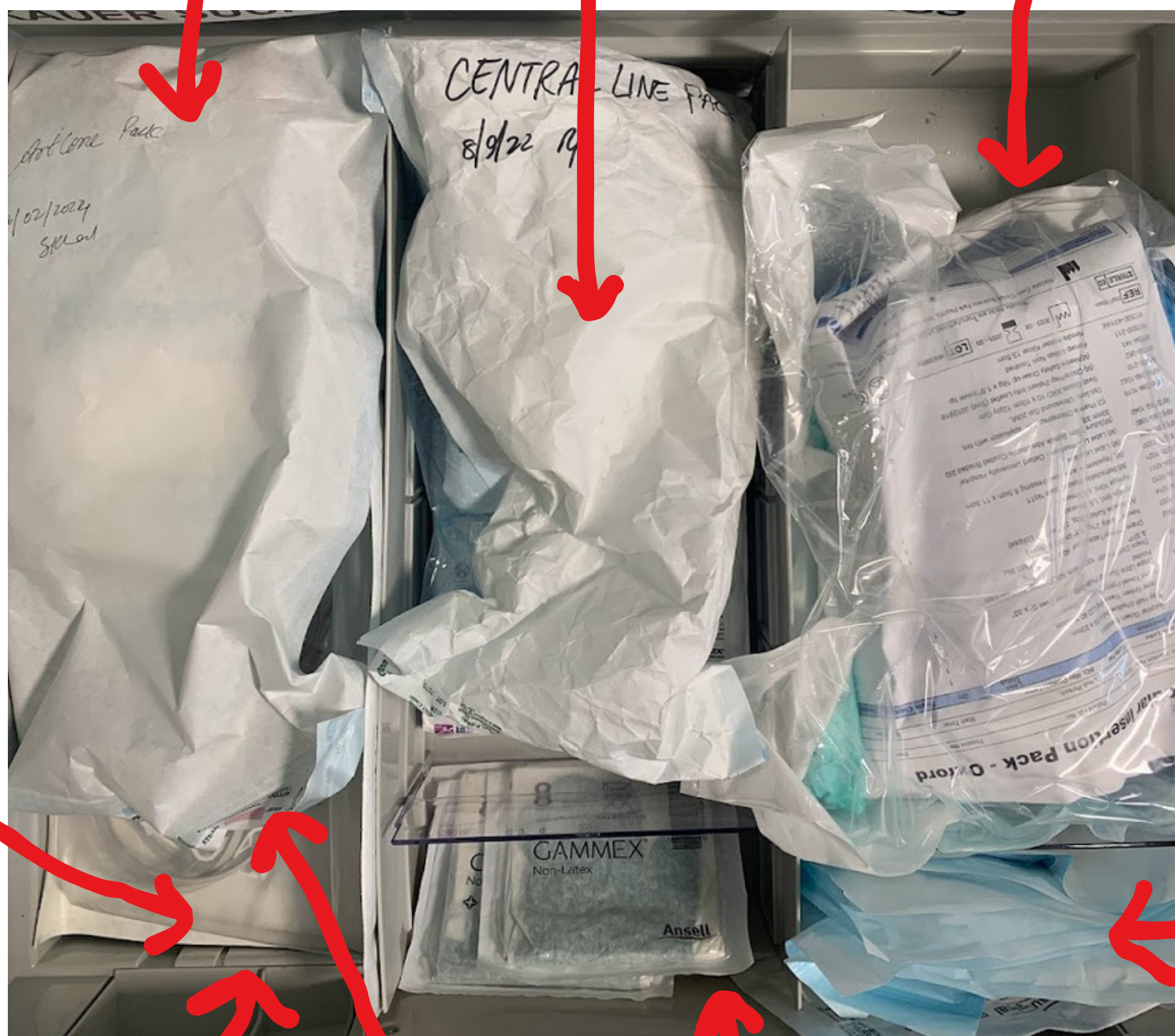
Contains all necessary equipment for central line insertion. 2 x quad lumen CVCs are kept under this. All CVCs will have their position confirmed via XR prior to use.

Vascular access pack

Contains all necessary sterile equipment for invasive vascular access.

Arterial line transducer set

Delivers an automated slow (1-3ml/hr) infusion of normal saline and converts mechanical pressure into electrical waveform.



Sterile ultrasound gel and probe covers

Used for the insertion of central/invasive lines to ensure correct positioning.

500ml saline bag

Connects to the transducer set in a pressure bag. Delivers very slow flow of normal saline to maintain patency in the arterial line and to flush between sampling or to 'zero' the line.

Arterial line cable

Connects the transducer cable to the monitor.

Sterile gloves

Kept in a variety of sizes - used by the clinician inserting the lines.