

Routine Outpatient Post-Operative Anterior Cervical Surgery Care

* Mandatory 4-hour post-operative observation
* Neurologic exam prior to discharge
* Discharged only if the patient has the support of a competent adult overnight
* Surgery center adherence to “No Strikeouts in Anterior Cervical Airway Management Protocol”

If concern for airway issues or post-operative hematoma the evaluating staff (Surgeon, Anesthesia, Nurse, PA) initiates **“Initial Airway Assessment”**

Components of “**Initial Airway Assessment”**

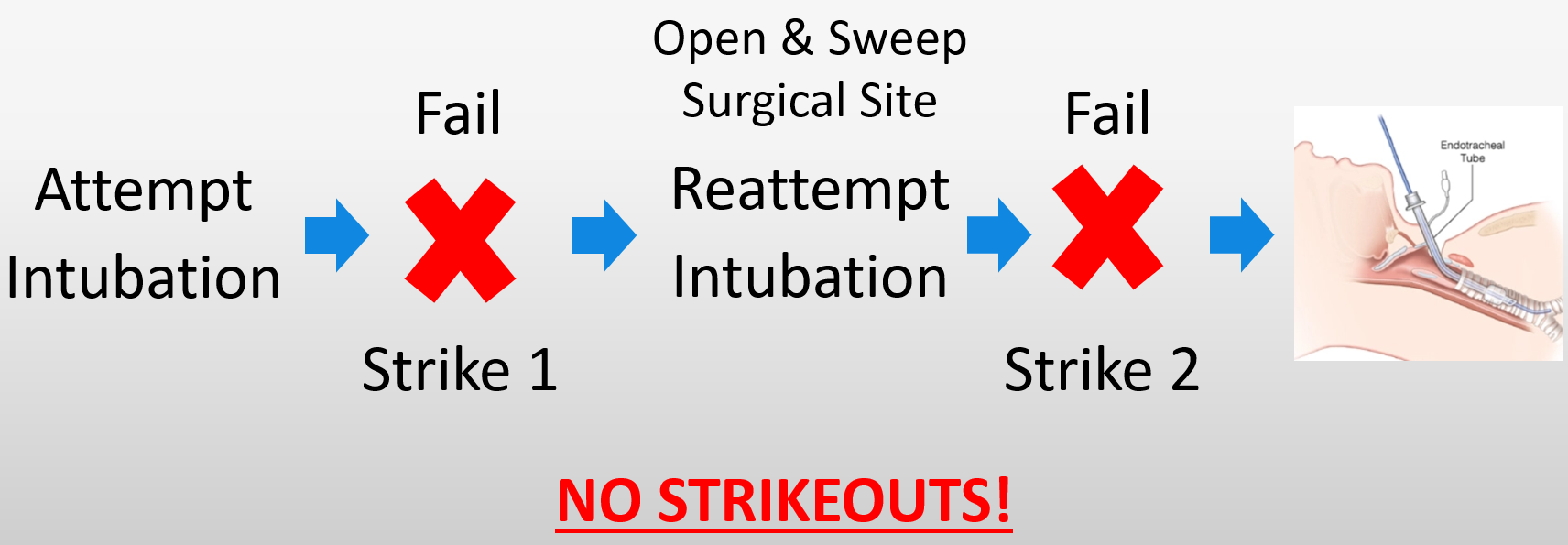
* Staff notifies other staff members in proximity that airway assessment has been initiated
* Onsite anesthesia team is contacted and must evaluate the patient at bedside
* Surgeon is contacted and notified that airway assessment has been initiated
* Staff members in proximity bring the crash cart to the patient’s bedside

Anesthesia team then decides based off evaluation if **No Strikeouts in Anterior Cervical Surgery Airway Management** is initiated

If triggered the following must occur:

* The “**No Strikeouts**” protocol is taken to completion
* The patient must return to the OR for wound exploration & hemostasis

**No Strikeouts in Anterior Cervical Surgery Airway Management**



Crash Cart Cricothyroidotomy Kit Anesthesia OR Cricothyroidotomy Supplies

