

A Airway with cervical spine control

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All trauma patients should have their cervical spine immobilised and protected throughout. An immediate assessment of the patient's airway is made. A compromised airway requires a stepwise progression, first clearing the airway by suctioning secretions or blood, followed by simple airway manoeuvres such as a jaw thrust, chin lift and insertion of an oropharyngeal or nasopharyngeal airway. Advanced airway manoeuvres necessitate the insertion of a cuffed endotracheal tube. This may require an anaesthetic with rapid sequence induction or a surgical airway. Emergency intubation of the severely injured trauma patient is a difficult and demanding skill – standardised and rehearsed procedures should be in place for failure to intubate (Figure 27.1). Equipment and expertise for achieving a surgical airway must be readily available.

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