

# **Can Nursing Staff Identify Airway Equipment on the Resuscitation Trolley? Implications for Patient Safety at Resuscitation Attempts**

L.-K. Ong<sup>1</sup>, A.L. Moore<sup>2</sup>, C. Rodger<sup>2</sup>, G.P.S. Bawa<sup>2</sup>, A.G.H. Stone<sup>1</sup>

<sup>1</sup>Southend University Hospital NHS Trust, Anaesthetics & Intensive Care, Southend, United Kingdom

<sup>2</sup>Barking, Havering & Redbridge University NHS Trust, Anaesthetics and Intensive Care, Romford, United Kingdom

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## **Introduction**

Poorly functioning or missing equipment on cardiac arrest trolleys has previously been highlighted by the National Patient Safety Agency as a contributing factor to deaths relating to resuscitation attempts<sup>1</sup>. Resuscitation trolley equipment should be standardised throughout the institution, audited regularly and ideally checked daily by members of the department in which the trolley is located<sup>2</sup>.

Staff who attend arrest calls or check equipment on the ward should be able to identify items on the resuscitation trolley and have a basic understanding of their use in order for checks to be carried out adequately. We report the results of a survey carried out in two district general hospitals, which aimed to assess nursing staff knowledge of airway equipment on the resuscitation trolley.

## **Objectives**

To ascertain the ability of nursing staff to identify the name and use of airway equipment present on the resuscitation trolley and provide education about the equipment.

## **Methods**

A face-to face survey was conducted with nursing staff at two district general hospitals, covering medical, surgical and acute care areas.

They were asked to identify the name and use of 10 airway related items present on the resuscitation trolley. A score of 1 was given for each correct answer thereby giving two sets of scores out of 10 and a total score out of 20.

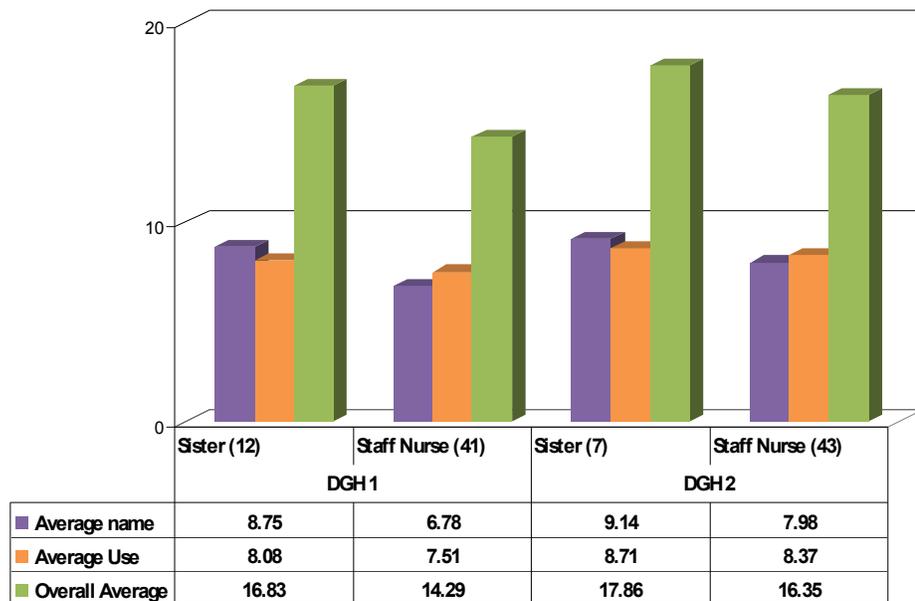
The items included in the survey were:

- Yankauer rigid suction
- Oropharyngeal airway
- Bag-valve-mask
- Magill's forceps
- Laryngoscope + blades
- Gum elastic bougie
- Endotracheal tube
- Laryngeal mask airway (LMA)
- Waters Circuit (Mapleson C)
- Flexible tracheal suction catheter

An information sheet, with pictures of the 10 items and a short explanation of their use, was handed out to the staff on the wards for further education.

## **Results**

The graph and table below details average scores of 53 staff members from District General Hospital 1 and 50 staff members from District General Hospital 2.



Sisters generally had higher scores with a range of 4-10 out of 10 compared to a range of 2-10 out of 10 for staff nurses. Acute care areas achieved higher scores than the other areas.

The two most common items that staff could not identify across the two trusts were a Laryngeal Mask Airway and a Waters Circuit (Mapleson C).

## **Conclusions**

Knowledge regarding airway equipment was less than expected in both hospitals surveyed with acute care areas achieving the higher scores.

We would expect a maximum score for nursing staff involved in checking and restocking the resuscitation trolleys. We recommend that staff should receive regular education on airway equipment prior to taking responsibility for this important task; otherwise patient outcome could be seriously compromised.

## **References**

- 1: National Patient Safety Agency. Patient Safety Bulletin 1. Rapid learning from reported incidents. NPSA, London July 2005.
- 2: Gabbott D et al. Cardiopulmonary resuscitation standards for clinical practice and training. Royal College of Anaesthetists, Royal College of Physicians of London, Intensive Care Society, Resuscitation Council (UK) October 2004