Airway threats & ventilation in trauma

Recognise failure early. Prepare skilled help and rescue options.

RESUSCITATION / ADULT TRAUMA

Airway patency, oxygenation and ventilation need repeated assessment; a reassuring oxygen saturation is only one part of the picture.

01 Recognise the threat

Check speech, breathing effort, air entry and conscious level. Noisy breathing, blood or vomit, facial injury and reduced responsiveness need urgent attention. Call skilled airway support early while the trauma team addresses other immediate threats.

02 Support breathing

Clear obstructing material with appropriate suction and airway manoeuvres. Provide oxygen and assisted ventilation when needed, using trained staff and suitable equipment. Reassess chest expansion and clinical response after every intervention.

03 Plan the next step

NICE recommends rapid sequence induction and intubation when a major-trauma patient cannot maintain their airway or ventilation. Agree roles and rescue options. If intubation fails, restore oxygenation with basic techniques or a supraglottic device while escalating.

04 Verify & reassess

Confirm tracheal tube placement with sustained waveform capnography and clinical assessment. Monitor ventilation, oxygenation and circulation. Recheck the airway and equipment promptly if the patient deteriorates during transfer.

WATCH POINT Supplemental oxygen may preserve saturation despite inadequate ventilation. Do not interpret pulse oximetry as a carbon-dioxide measurement.

DISCUSS WITH THE TEAM

Who owns the airway, what is the rescue plan, and how will successful ventilation be confirmed?

READ THE SOURCES

[1] NICE NG39 (2016), airway management and pain assessment, sections 1.2 and 1.7.
[2] Resuscitation Council UK: ABCDE approach (updated 2024), airway and breathing.
[3] Resuscitation Council UK: adult ALS (2025), waveform capnography.

Educational summary for clinicians. Apply local protocols and patient-specific judgement.