

Evidence of fire (smoke, odor, flash) on patient or drapes, or in a patient's airway



Start

1. Call for "ANESTHESIOLOGIST STAT", Stop Procedure

If AIRWAY Fire

2. IMMEDIATELY

- ▶ Stop flow of all airway gases
- ▶ Remove endotracheal tube
- ▶ Remove sponges and any other flammable material from airway
- ▶ Pour saline into airway
- ▶ Remove drapes and all burning and flammable materials
- ▶ Extinguish burning materials with **saline** or other means

3. If Fire is NOT Out on First Attempt

- ▶ Use CO₂ fire extinguisher (located in OR, preferred for use on patient)
- ▶ If FIRE PERSISTS
 - Use ABC fire extinguisher (located outside of ORs)
 - Activate fire alarm
 - Evacuate patient
 - Close OR door
 - Turn off gas supply to room

4. After Fire is OUT

- ▶ Re-establish ventilation
- ▶ Minimize FiO₂ and avoid N₂O if clinically appropriate
- ▶ Assess airway for injury
 - Examine endotracheal tube to see if fragments may be left behind in airway
 - Consider bronchoscopy

5. Assess patient status and devise plan for management

6. Consider re-intubation before airway edema occurs

7. Preserve any items involved in fire for follow-up investigation

If NON-AIRWAY Fire

2. IMMEDIATELY

- ▶ Stop flow of all airway gases
 - ▶ Remove drapes and all burning and flammable materials
- Extinguish burning materials with **saline** or other means

3. If Fire is NOT Out on First Attempt

- ▶ Use CO₂ fire extinguisher (located in OR, preferred for use on patient)
- ▶ If FIRE PERSISTS
 - Use ABC fire extinguisher (located outside of ORs)
 - Activate fire alarm
 - Evacuate patient
 - Close OR door
 - Turn off gas supply to room

4. After Fire is OUT

- ▶ Maintain ventilation
- ▶ Assess patient for burn injury
 - At site of fire
 - Inhalation injury if not intubated
- ▶ Confirm no secondary fire

5. Assess patient status and devise plan for management

6. Preserve any items involved in fire for follow-up investigation