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| | **COUNTY OF SACRAMENTO**<br>EMERGENCY MEDICAL SERVICES AGENCY | Document # | 8020.26 |
| | PROGRAM DOCUMENT:<br>**Respiratory Distress: Airway Management** | Initial Date: | 06/24/1994 |
| | | Last Approval Date: | 09/23/24 |
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| Signature on File | Signature on File |
| EMS Medical Director | EMS Administrator |

**Purpose:**

A. To establish a general policy for those patients assessed to have respiratory distress.
B. To emphasize assessment-based interventions, as opposed to diagnosis-based interventions.
C. To emphasize that assessment-based clinical judgment on the part of the Paramedic is the goal.

**Authority:**

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

**Policy:**

A. The airway and adequacy of ventilation shall be assessed on all patients.
B. Airway and ventilation interventions:
   1. The level of airway and ventilation interventions is determined by the patient assessments and reassessments.
   2. Immediate transportation is indicated for all respiratory patients classified as severe. Early transportation is indicated for all respiratory patients classified as mild to moderate.
   3. The i-Gel® may be the advanced airway of choice and may be used on the first attempt.
   4. Airway support and ventilation are not to be delayed. If a patient needs an advanced airway, including oral tracheal intubation (OTI) or supraglottic airway device, it should be established immediately upon recognition.

| **BLS** |
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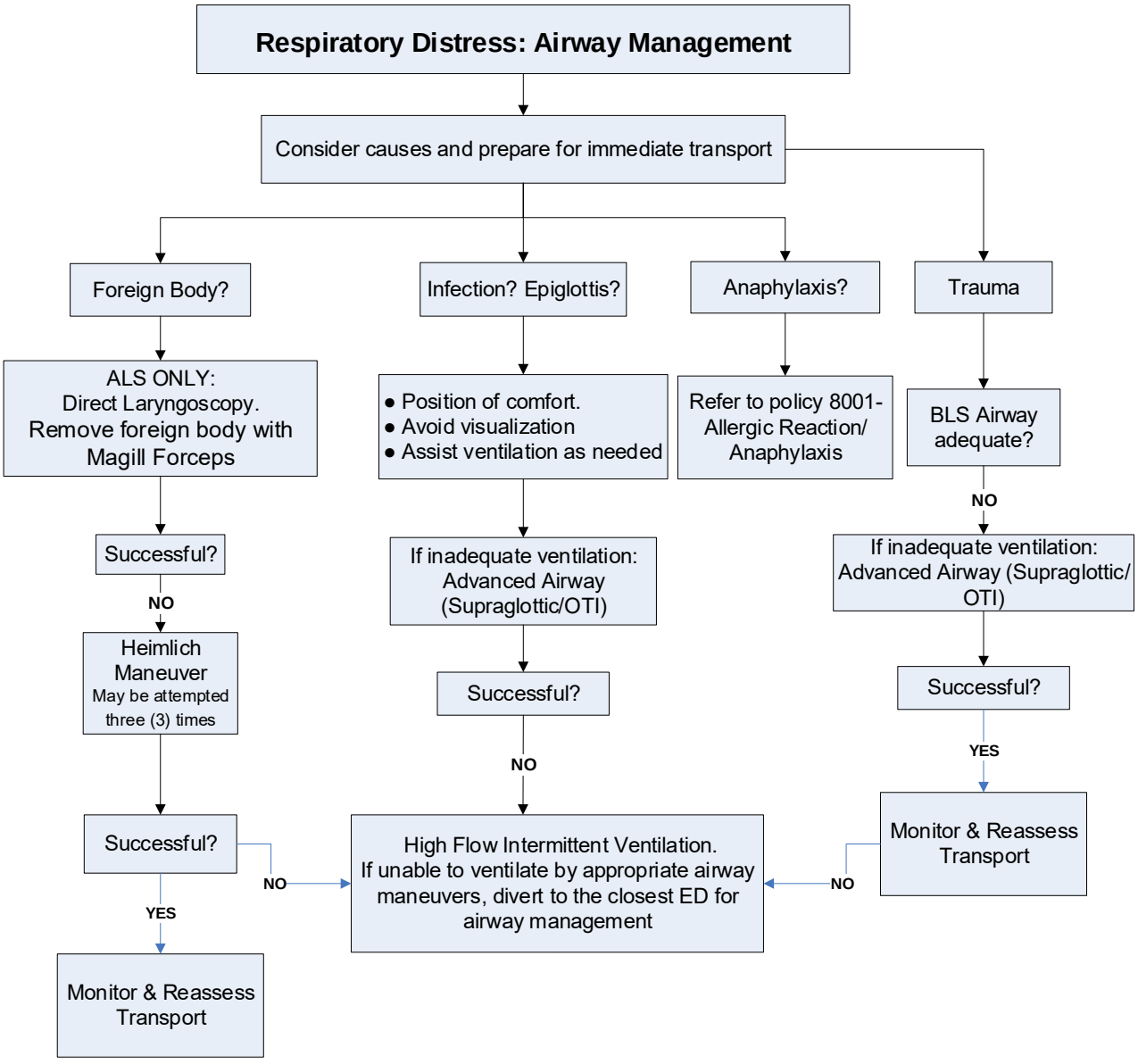
| 1. Consider and treat causes of respiratory distress, per PD# 8026 – Respiratory Distress, and PD# 8004 – Suspected Narcotic Overdose.<br>2. Supplemental $O_2$ as necessary to maintain $SpO_2 \geq 94\%$. Use the lowest concentration and flow rate of $O_2$ as possible.<br>3. Reposition the airway as needed. For the trauma patient, maintain spinal motion restriction (SMR) and utilize the jaw thrust technique.<br>4. Foreign body removal maneuvers as needed.<br>5. Suction as needed.<br>6. Airway adjuncts as needed.<br>7. Assist ventilations as needed.<br>8. Reassess the effectiveness of the BLS airway.<br>9. Transport (for the non-trauma patient in a position of comfort). |

**ALS**

1. Cardiac monitor.
2. Consider Vascular Access after transport is initiated.
3. All patients with a Glasgow Coma Scale (GCS) < 8 shall be considered candidates for Advanced Life Support (ALS) airway interventions unless the assessment clearly demonstrates that BLS airway interventions are adequate to maintain both airway and ventilation or medical intervention rapidly improves GCS over 8 (i.e., Narcan, Dextrose, per PD# 8004 – Suspected Narcotic Overdose and PD# 8002 – Diabetic Emergencies.
4. All advanced airway placement shall be confirmed using waveform capnography, $ETCO_2$ detector, or other approved confirming device, and waveform capnography shall be used throughout transport.
5. Two attempts at an advanced airway may be made, and then the Paramedic shall reassess the adequacy of BLS airway interventions. If BLS airway interventions are insufficient, a third advanced airway attempt will be made by a different (non-intern) Paramedic if available, or an i-Gel® device shall be used. A supraglottic airway device shall be used on the fourth advanced airway attempt if no contraindications exist.
6. Inadequate oxygenation and ventilation with an iGel device on the 4th attempt will constitute a failed airway and trigger diversion with FAILED AIRWAY PRE-ALERT to the closest ED for airway management.

Cross Reference: PD# 8002 – Diabetic Emergencies
PD# 8004 – Suspected Narcotic Overdose
PD# 8808 – Vascular Access
PD# 8829 – Noninvasive Ventilation (NIV)
PD# 8830 – Supraglottic Intubation (i-Gel®)


Respiratory Distress: Airway Management
Consider causes and prepare for immediate transport
Foreign Body?
Infection? Epiglottis?
Anaphylaxis?
Trauma
ALS ONLY:
Direct Laryngoscopy.
Remove foreign body with Magill Forceps
• Position of comfort.
• Avoid visualization
• Assist ventilation as needed
Refer to policy 8001-Allergic Reaction/ Anaphylaxis
BLS Airway adequate?
NO
Successful?
NO
If inadequate ventilation: Advanced Airway (Supraglottic/OTI)
If inadequate ventilation: Advanced Airway (Supraglottic/ OTI)
Heimlich Maneuver
May be attempted three (3) times
Successful?
Successful?
YES
NO
Monitor & Reassess Transport
Successful?
NO
High Flow Intermittent Ventilation.
If unable to ventilate by appropriate airway maneuvers, divert to the closest ED for airway management
NO
YES
Monitor & Reassess Transport