

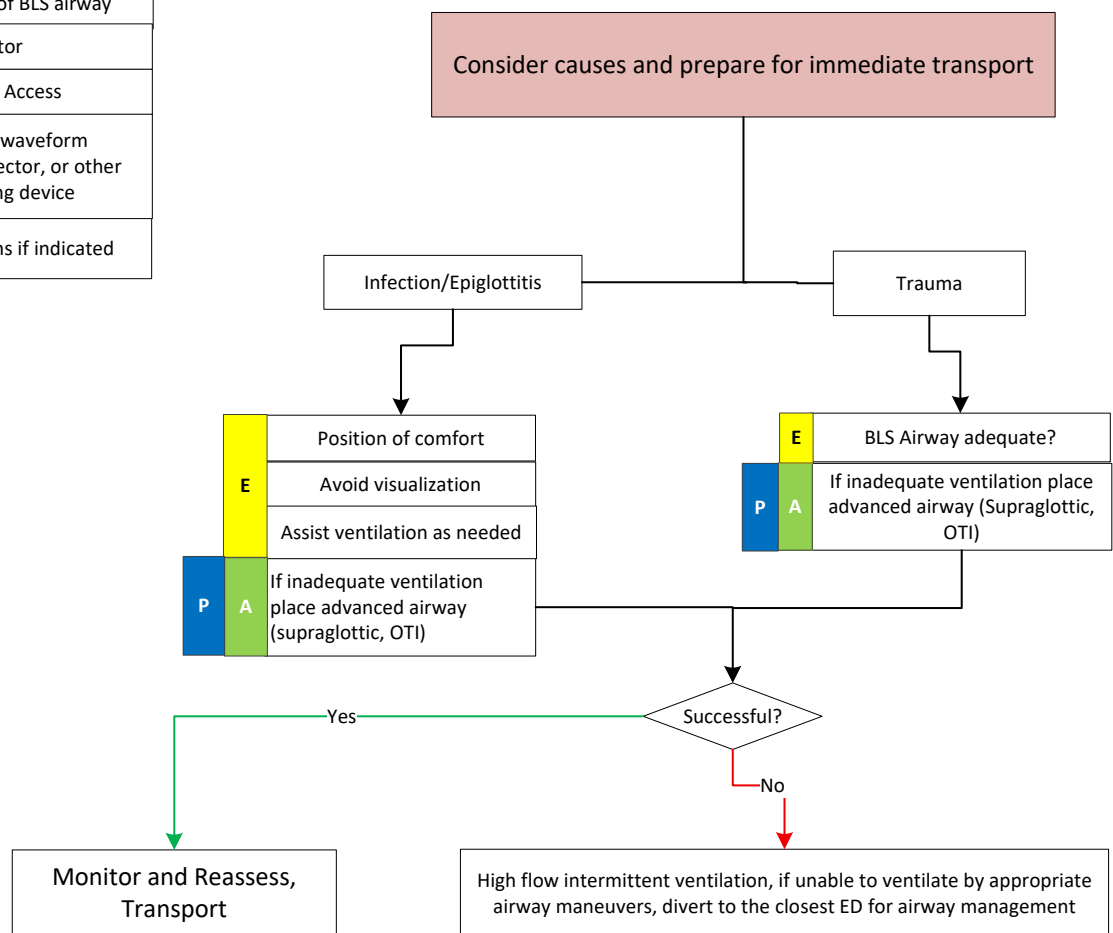


Respiratory Distress: Airway Management

Airway and adequacy of ventilation shall be assessed on ALL patients.

E	Supplemental O2 as necessary to maintain SpO2 ≥ 94%
	Reposition airway as needed
	Suction as needed
	Airway adjuncts as needed
	Assist ventilations as needed
	Reassess effectiveness of BLS airway
A	Cardiac monitor
	Consider Vascular Access
	Confirm airway with waveform capnography, ETCO ₂ detector, or other approved confirming device
P	ALS airway interventions if indicated

DRAFT



E	EMT
A	A-EMT
P	PARAMEDIC



Contact Base Hospital for medical direction if necessary.

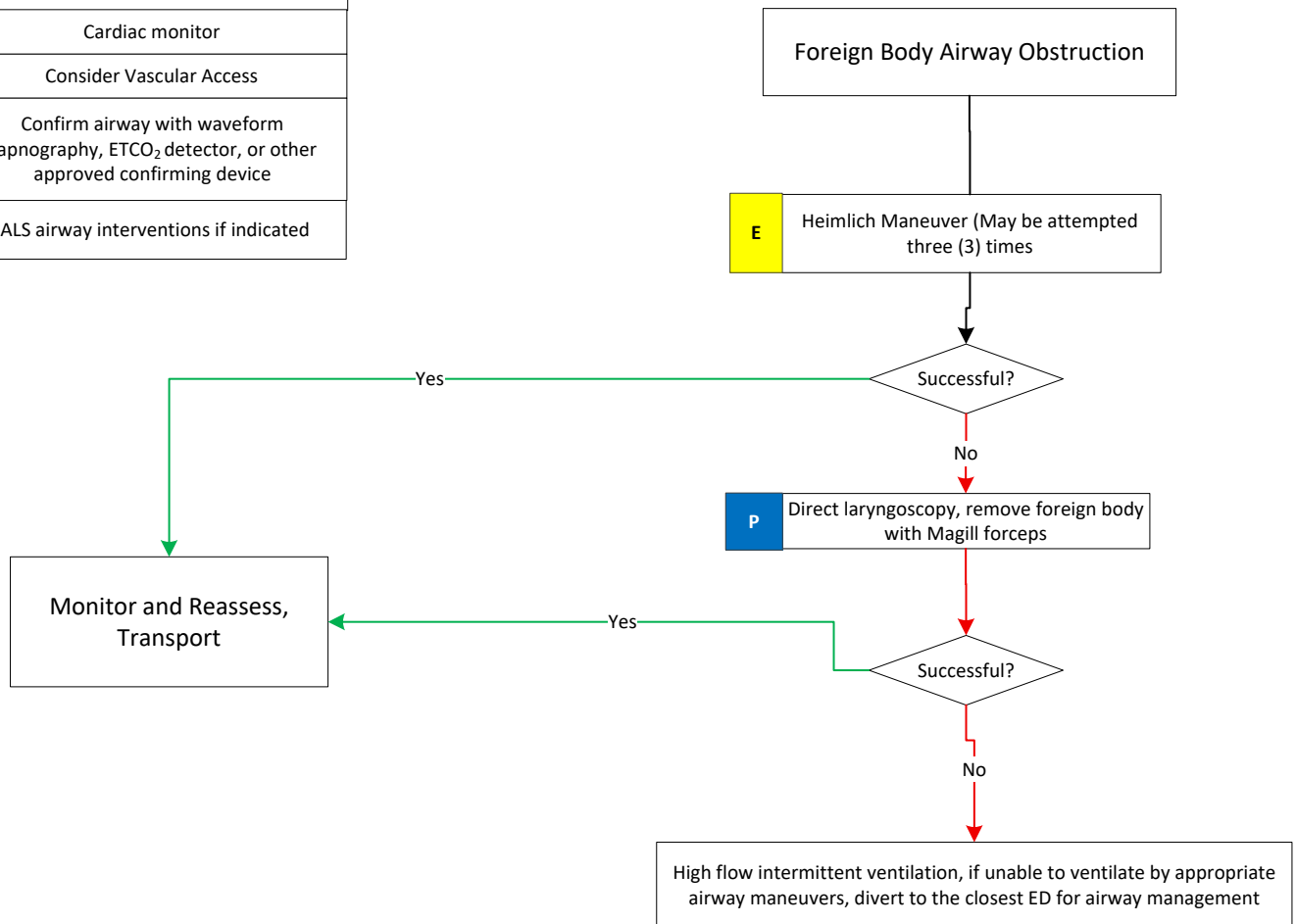




Respiratory Distress: Airway Management

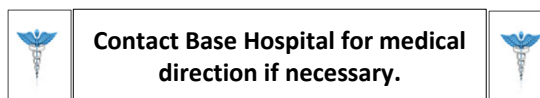
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Foreign Body Airway Obstruction

E	EMT
A	A-EMT
P	PARAMEDIC





Respiratory Distress: Airway Management

NOTES:

- 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~~ supraglottic airway device 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.
- Use the lowest concentration and flow rate of O₂ as possible.
- To reposition the airway for the trauma patient, maintain spinal motion restriction (SMR) and utilize the jaw thrust technique.
- 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.
- All advanced airway placement shall be confirmed using waveform capnography, ETCO₂ detector, or other approved confirming device; and waveform capnography shall be used throughout transport.
- 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.
- Inadequate oxygenation and ventilation with an ~~i-Gel~~ supraglottic airway device on the 4th attempt will constitute a failed airway and trigger diversion with FAILED AIRWAY PRE-ALERT to the closest ED for 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~~)



Treatment Protocol 8020