AIRWAY MANAGEMENT

ADULT	PEDIATRIC (<34 kg)
BLS	

• Universal Protocol #601
• Administer O_2 as clinical symptoms indicate (see notes below)
• Pulse oximetry
• Patients with O_2 Sat ≥ 94% without signs or symptoms of hypoxia or respiratory compromise should not receive O_2
• When applying O_2 use the simplest method to maintain O_2 Sat ≥ 94%
• Do not withhold O_2 if patient is in respiratory distress
• **Foreign Body/Airway Obstruction**
  ○ Use current BLS choking procedures
  ○ Basic airway adjuncts and suctioning as indicated and tolerated
	Same as Adult (except for newborns)
	• Newborn (< 1 day) follow AHA guidelines – Newborn Protocol #651

BLS Elective Skills	
• **Moderate to Severe Respiratory Distress** ○ **CPAP** as needed – CPAP procedure #703	CPAP not used for patients ≤34 kg
ALS Standing Orders	

• **Foreign Body/Airway Obstruction** If obstruction not relieved with BLS maneuvers
  ○ Visualize and remove obstruction with Magill forceps
  ○ If obstruction persists consider – Needle Cricothyrotomy Procedure #704
  ○ Upon securing airway monitor O_2 Sat and $ETCO_2$ – Capnography Procedure #701
• Endotracheal intubation – as needed to control airway
• Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705
	• **Foreign Body/Airway Obstruction** If obstruction not relieved with BLS maneuvers
	  ○ Visualize and remove obstruction with Magill forceps
	  ○ If obstruction persists consider – Needle Cricothyrotomy Procedure #704
	  ○ Upon securing airway monitor O_2 Sat and $ETCO_2$ – Capnography Procedure #701
	• Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705

Base Hospital Orders Only	

• **Symptomatic Esophageal Obstruction**
  ○ **Glucagon** 1mg IV followed by rapid flush. Give oral fluid challenge 60 sec after admin - check a blood sugar prior
• As needed
	• **Symptomatic Esophageal Obstruction**
	  ○ **Glucagon** 0.1mg/kg IV not to exceed 1mg followed by rapid flush. Give oral fluid challenge 60 sec after admin - check a blood sugar prior
	• As needed

Notes

• Oxygen Delivery
    ○ Mild distress – 0.5-6 L/min nasal cannula
    ○ Severe respiratory distress – 15 L/min via non-rebreather mask
    ○ Moderate to severe distress – CPAP 3-15 cm H_2O
    ○ Assisted respirations with BVM – 15 L/min
• Pediatric intubation is no longer an approved ALS skill – maintain with BLS options