

AIRWAY MANAGEMENT	
ADULT	PEDIATRIC (≤34 kg)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Administer O₂ as clinical symptoms indicate (see notes below) • Pulse oximetry • Patients with O₂ Sat ≥ 94% without signs or symptoms of hypoxia or respiratory compromise should not receive O₂ • When applying O₂ use the simplest method to maintain O₂ Sat ≥ 94% • Do not withhold O₂ if patient is in respiratory distress • Foreign Body/Airway Obstruction <ul style="list-style-type: none"> ○ Use current BLS choking procedures ○ Basic airway adjuncts and suctioning as indicated and tolerated 	<p style="text-align: center;">Same as Adult (except for newborns)</p> <ul style="list-style-type: none"> • Newborn (< 1 day) follow AHA guidelines – Newborn Protocol #651
BLS Elective Skills	
<ul style="list-style-type: none"> • Moderate to Severe Respiratory Distress <ul style="list-style-type: none"> ○ CPAP as needed – CPAP procedure #703 	<p style="text-align: center;">CPAP not used for patients ≤34 kg</p>
ALS Standing Orders	
<ul style="list-style-type: none"> • Foreign Body/Airway Obstruction If obstruction not relieved with BLS maneuvers <ul style="list-style-type: none"> ○ Visualize and remove obstruction with Magill forceps ○ If obstruction persists consider – Needle Cricothyrotomy Procedure #704 ○ Upon securing airway monitor O₂ Sat and ETCO₂ – Capnography Procedure #701 • Endotracheal intubation – as needed to control airway – Procedure #717 • Supraglottic Airway – as needed to control airway if indicated – Procedure #718 • Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705 	<ul style="list-style-type: none"> • Foreign Body/Airway Obstruction If obstruction not relieved with BLS maneuvers <ul style="list-style-type: none"> ○ Visualize and remove obstruction with Magill forceps ○ If obstruction persists, consider – Needle Cricothyrotomy Procedure #704 ○ Upon securing airway monitor O₂ Sat and ETCO₂ – Capnography Procedure #701 • Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Symptomatic Esophageal Obstruction <ul style="list-style-type: none"> ○ Glucagon 1mg IV followed by rapid flush. Give oral <u>fluid</u> challenge 60 sec after admin - check a blood sugar prior • As needed 	<ul style="list-style-type: none"> • Symptomatic Esophageal Obstruction <ul style="list-style-type: none"> ○ Glucagon 0.1mg/kg IV not to exceed 1mg followed by rapid flush. Give oral <u>fluid</u> challenge 60 sec after admin - check a blood sugar prior

	<ul style="list-style-type: none"> • As needed
Notes	
<ul style="list-style-type: none"> • Oxygen Delivery <ul style="list-style-type: none"> ○ 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 H2O ○ Assisted respirations with BVM – 15 L/min • Pediatric intubation is no longer an approved ALS skill – maintain with BLS options • Patients requiring an advanced airway shall decide which airway to use based on the complexity of the patient’s anatomy. If the patient’s vocal cords are easily visualized, then Endotracheal Intubation shall be utilized. If the patient’s vocal cords are difficult or unable to be visualized, then a Supraglottic Airway Device shall be utilized. • During assessments of an airway for advanced airway placement, an attempt at visualization shall be defined as placement of a laryngoscope blade and the lifting of the patient’s jaw in order to visualize vocal cords. An attempt at ETI shall be defined as attempting to pass the tube through the patient’s vocal cords without success. • After placement of any advanced airway, providers shall verify placement of the advanced airway by waveform capnography and a minimum of one additional method. This additional method can be any of the following: <ul style="list-style-type: none"> ○ Auscultation of lung and stomach sounds. ○ Colorimetric CO2 Detector Device. ○ Esophageal Bulb Detection Device. 	