

CAPNOGRAPHY (END TIDAL CO₂ MONITORING)		
ADULT	PEDIATRIC (≤34 KG)	
BLS		
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> • O₂ administration per Airway Management Protocol #602 	<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> • O₂ administration per Airway Management Protocol #602 	
ALS Standing Orders		
<p style="text-align: center;">Intubated Patients</p> <ul style="list-style-type: none"> • For ET placement verification – use ETCO₂ detection or if ETCO₂ monitor fails use a CO₂ colorimetric device <p style="text-align: center;">Non-Intubated Patients</p> <ul style="list-style-type: none"> • Apply side stream or in-line ETCO₂ in conjunction with the delivery device being used • ETCO₂ monitoring should be continued with administration of nebulized medications 	<ul style="list-style-type: none"> • Apply side stream or in-line ETCO₂ in conjunction with the delivery device being used • ETCO₂ monitoring should be continued with administration of nebulized medications 	
Base Hospital Orders Only		
As needed		
Notes		
<ul style="list-style-type: none"> • Document ETCO₂ numeric values and corresponding wave form capnography on the PCR. • Take readings after 1 minute, at regular intervals for trends, and upon ED arrival. • If the patient is intubated, take additional reading after moving the patient to the hospital bed. • Indications: <ul style="list-style-type: none"> ○ Confirmation, monitoring and documentation of endotracheal intubation ○ Assessment, monitoring and documentation of respiratory status of the non-intubated patient experiencing respiratory distress, including but not limited to the use of HPCPR and CPAP ○ As an additional tool to assist in evaluating any patient in respiratory distress 		
<p>Bronchospasm (shark-fin appearance) Asthma, COPD</p>	<p>Sudden loss of waveform ETT disconnected, dislodged, kinked or obstructed, loss of circulatory function</p>	<p>CPR assessment Attempt to maintain minimum of 10 mmHg</p>
<p>Hypoventilation</p>	<p>Decreasing EtCO₂ ETT cuff leak, ETT in hypopharynx, partial obstruction</p>	<p>Sudden increase in EtCO₂ Return of ROSC</p>
<p>Decreased EtCO₂ — Apnea, Sedation</p>		