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 • Supraglottic Airway – as indicated to control airway– Procedure #718 • Optional skills as approved by SLOEMSA	Same as Adult (except for newborns) • Newborn (< 1 day) follow AHA guidelines – Newborn Protocol #651 • Optional skills as approved by SLOEMSA
ALS	
• **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 indicated to control airway – Procedure #717 • Supraglottic Airway – as indicated to control airway– Procedure #718 • Needle thoracostomy with symptoms of tension pneumothorax or traumatic arrest with suspicion of chest trauma– Needle Thoracostomy Procedure #705 & Traumatic Cardiac Arrest Protocol #661	• **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 & Traumatic Cardiac Arrest Protocol #661 • Supraglottic Airway – as indicated to control airway– Procedure #718

Base Hospital Orders Only	
• **Symptomatic Esophageal Obstruction** - **Glucagon** 1mg IV followed by rapid flush. Give oral <u>fluid</u> 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 <u>fluid</u> 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 H2O
  - Assisted respirations with BVM – 15 L/min
- Patients requiring an advanced airway, providers shall decide which ALS airway to utilize based on discretion.
- 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:
  - Auscultation of lung and stomach sounds.
  - Colorimetric CO2 Detector Device.
  - Esophageal Bulb Detection Device.