

## 7.01 AIRWAY MANAGEMENT

BLS Treatment
<ul style="list-style-type: none"><li>• Assess circulation, airway, breathing, and responsiveness.</li><li>• Assist ventilations with BVM and oxygen if indicated.</li><li>• Pulse oximetry, if training occurs and approved by Provider Medical Director.</li><li>• OPA or NPA as indicated.</li><li>• BLS maneuvers to remove foreign body airway obstruction as indicated.</li><li>• <b>Oxygen</b> as indicated.</li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• For patients between ages 0 and 8:<ul style="list-style-type: none"><li>○ Laryngoscopy to remove foreign body airway obstructions.</li><li>○ Use of advanced airway interventions as indicated in the following order. No more than two total attempts at any one intervention before moving to an alternate approach.<ol style="list-style-type: none"><li>1. <b>Supraglottic Airway</b> for patients <b>greater than 28 days old</b> who cannot be adequately managed with BLS airway interventions.</li><li>2. If the above intervention is unsuccessful AND BLS ventilation is unsuccessful, may attempt <b>Needle Cricothyrotomy</b> with jet insufflation as the airway of last resort.</li></ol></li></ul></li><li>• For patients greater than 8:<ul style="list-style-type: none"><li>○ Laryngoscopy to remove foreign body airway obstructions.</li><li>○ Use of <b>Continuous Positive Airway Pressure</b> as indicated.</li><li>○ Use of advanced airway interventions as indicated in the following order. No more than two total attempts at any one intervention before moving to an alternate approach.<ol style="list-style-type: none"><li>1. <b>Supraglottic Airway</b></li><li>2. <b>Oral Endotracheal Intubation</b></li><li>3. If both above interventions are unsuccessful AND BLS ventilation is unsuccessful, may attempt <b>Needle Cricothyrotomy</b> with jet insufflation as the airway of last resort.</li></ol></li></ul></li></ul>
Notes
<ul style="list-style-type: none"><li>• Video laryngoscopy may be used in conjunction with oral endotracheal intubation if approved by the Medical Director.</li><li>• Must obtain and document End Tidal CO2 for initial advanced airway placement and continuous monitoring of advanced airways.</li><li>• Any airway intervention not following the above treatment sequence requires rationale documented within the first response documentation and/or patient care report.</li><li>• Target O2 saturation 94-95%.</li><li>• Target End Tidal CO2 is 35-45 mmHg</li></ul>

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### FOR VIDEO LARYNGOSCOPY PILOT PROJECT PERSONNEL ONLY (Temporary guidance for the lifetime of the pilot)

- Video laryngoscopy may be used as the first line ALS airway intervention, superseding the supraglottic airway attempts above, under the following conditions:
  - The skill is performed by a Paramedic who has successfully completed the EMS Agency-approved airway training course for participation in the pilot.
  - A BLS airway is established.
  - Chest Compressions are not interrupted during use of the device.
- Under no circumstances shall a successfully placed ALS airway device be removed in order to perform video laryngoscopy. Removal of a successfully established ALS airway device, confirmed using appropriate verification methods, with subsequent video laryngoscopy is a mandatory reporting event and an Exception Report shall be filed to the EMS Agency per policy.

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