

7.01 AIRWAY MANAGEMENT

EMSAC October 2022

BLS Treatment
<ul style="list-style-type: none">• Assess circulation, airway, breathing, and responsiveness.• Assist ventilations with BVM and oxygen if indicated.• Pulse oximetry, if training occurs and approved by Provider Medical Director.• OPA or NPA as indicated.• BLS maneuvers to remove foreign body airway obstruction as indicated.• Oxygen as indicated.
ALS Treatment
<ul style="list-style-type: none">• For patients less than 8:<ul style="list-style-type: none">○ Laryngoscopy to remove foreign body airway obstructions.○ 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">1. Supraglottic Airway for patients greater than 28 days old who cannot be adequately managed with BLS airway interventions.2. If the above intervention is unsuccessful AND BLS ventilation is unsuccessful, may attempt Needle Cricothyrotomy with jet insufflation as the airway of last resort.• For patients greater than 8:<ul style="list-style-type: none">○ Laryngoscopy to remove foreign body airway obstructions.○ Use of Continuous Positive Airway Pressure as indicated.○ 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">1. Supraglottic Airway2. Oral Endotracheal Intubation3. If both above interventions are unsuccessful AND BLS ventilation is unsuccessful, may attempt Needle Cricothyrotomy with jet insufflation as the airway of last resort.
Notes
<ul style="list-style-type: none">• Video laryngoscopy may be used in conjunction with oral endotracheal intubation if approved by the Medical Director.• Must obtain and document End Tidal CO₂ for initial advanced airway placement and continuous monitoring of advanced airways.• Any airway intervention not following the above treatment sequence requires rationale documented within the first response documentation and/or patient care report.• Target O₂ saturation 94-95%.• Target End Tidal CO₂ is 35-45 mmHg

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FOR VIDEO LARYNGOSCOPY TRAINED ~~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.
- Cardiac monitor data and video laryngoscope recordings shall be retained by the EMS Provider for each airway attempt