7.01 AIRWAY MANAGEMENT

BLS Treatment
• 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

• For patients less than 8:
  ○ 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.
  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:
  ○ 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.
  1. Supraglottic Airway
  2. Oral Endotracheal Intubation
  3. 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
• 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 (see protocol 7.02 Oral Endotracheal Intubation Procedure #16). • 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
FOR VIDEO LARYNGOSCOPY TRAINED PERSONNEL ONLY

• 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.
  ○ 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.
• Video laryngoscopy may be used to confirm placement of an endotracheal tube.