

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 between ages 0 and 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 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.
- 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 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.