

AIRWAY MANAGEMENT

Airway management is an essential part of the care of all patients. It is an ongoing process which requires assessment of many different signs and symptoms. Evaluating and recognizing respiratory distress, respiratory failure, and respiratory arrest are critical in determining what level of intervention is required to properly treat the patient. The key areas to be assessed include: general impression, patency of airway, presence or absence of protective reflexes, and adequacy of breathing.

- A. Assess airway for patency and protective reflexes.
- B. Determine adequacy of breathing by assessing the rate, depth, effort, and adequacy of ventilation by inspection and auscultation.
- C. If airway is patent and spontaneous breathing is adequate, and:
 1. No or mild to moderate distress, administer oxygen at 2 - 6 LPM nasal cannula to maintain SpO₂ at 94 - 99%.
 2. Severe distress, administer oxygen at 15 LPM non-rebreather mask to maintain pulse oximeter at 94 to 99%.
- D. If airway is not patent, request ALS backup, then:
 1. Attempt to open airway by using head tilt/chin lift if no spinal trauma is suspected, or modified jaw thrust if spinal trauma is suspected.
 2. If foreign body obstruction of airway is suspected, then refer to **Airway Obstruction Protocol 6305**.
 3. If anatomical obstruction is occurring and airway cannot be maintained with positioning and the patient is unconscious, consider placing an oropharyngeal or nasopharyngeal airway adjunct.
- E. If breathing is inadequate, ventilate with 100% oxygen.
- F. If airway cannot be maintained by the above means, including attempts at assisted ventilations, prolonged assisted ventilation is anticipated, or protective mechanisms are absent:
 1. Insert size appropriate supraglottic airway (Combitube or King Airway) per manufacturer's recommendations.

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2. Secure and confirm supraglottic airway placement using clinical assessment and end-tidal CO2 monitoring.
- G. Continue ventilation with 100% oxygen.

H. Contact **Medical Command**.



Note: Any patient with suspected spinal trauma needs in-line stabilization with any airway procedure.