	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8020.18
	<u>PROGRAM DOCUMENT:</u> Respiratory Distress: Airway Management	Draft Date:	06/24/94
		Effective:	11/01/16
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		Review:	09/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as a general policy for those patients assessed to have respiratory distress.
- B. To emphasize assessment-based interventions, as opposed to diagnosis-based interventions.
- C. To emphasize that assessment-based clinical judgment on the part of the Paramedic is the goal.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. The airway and adequacy of ventilation shall be assessed on all patients.
- B. Airway and ventilation interventions:
 - 1. The level of airway and ventilation interventions is determined by the patient assessments and reassessments.
 - 2. Immediate transportation is indicated for all respiratory patients classified as severe. Early transportation is indicated for all respiratory patients classified as mild to moderate. The exception is the patient in need of airway support and ventilation.
 - 3. The following supraglottic devices may be the advanced airway of choice and may be used on the first attempt: ~~Esophageal Tracheal Combitube~~, "King Tube".
 - 4. Airway support and ventilation are not to be delayed. If a patient needs an advanced airway including oral tracheal intubation (OTI) or supraglottic airway device, it should be established immediately upon recognition.

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 > 94%. Use lowest concentration and flow rate of O2 as possible.

Reposition the airway as needed. For the trauma patient maintain spinal immobilization and utilize the jaw thrust technique.

- Airway adjuncts as needed.
- Foreign body **removal** maneuvers as needed.
- Suction as needed.
- Assist ventilations as needed.

Reassess the need to ~~continuance~~ of BLS airway interventions or advancements to ALS airway interventions **for continuing BLS airway interventions, or the need to advance to ALS airway interventions.**

Transport (for non-trauma patient in a position of comfort).

ALS TREATMENT

All patients with a Glasgow Coma Scale (GCS) < 8 shall be considered candidates for Advanced Life Support (ALS) airway interventions unless the assessment clearly demonstrates that Basic Life Support (BLS) airway interventions are adequate to maintain both airway and ventilation.

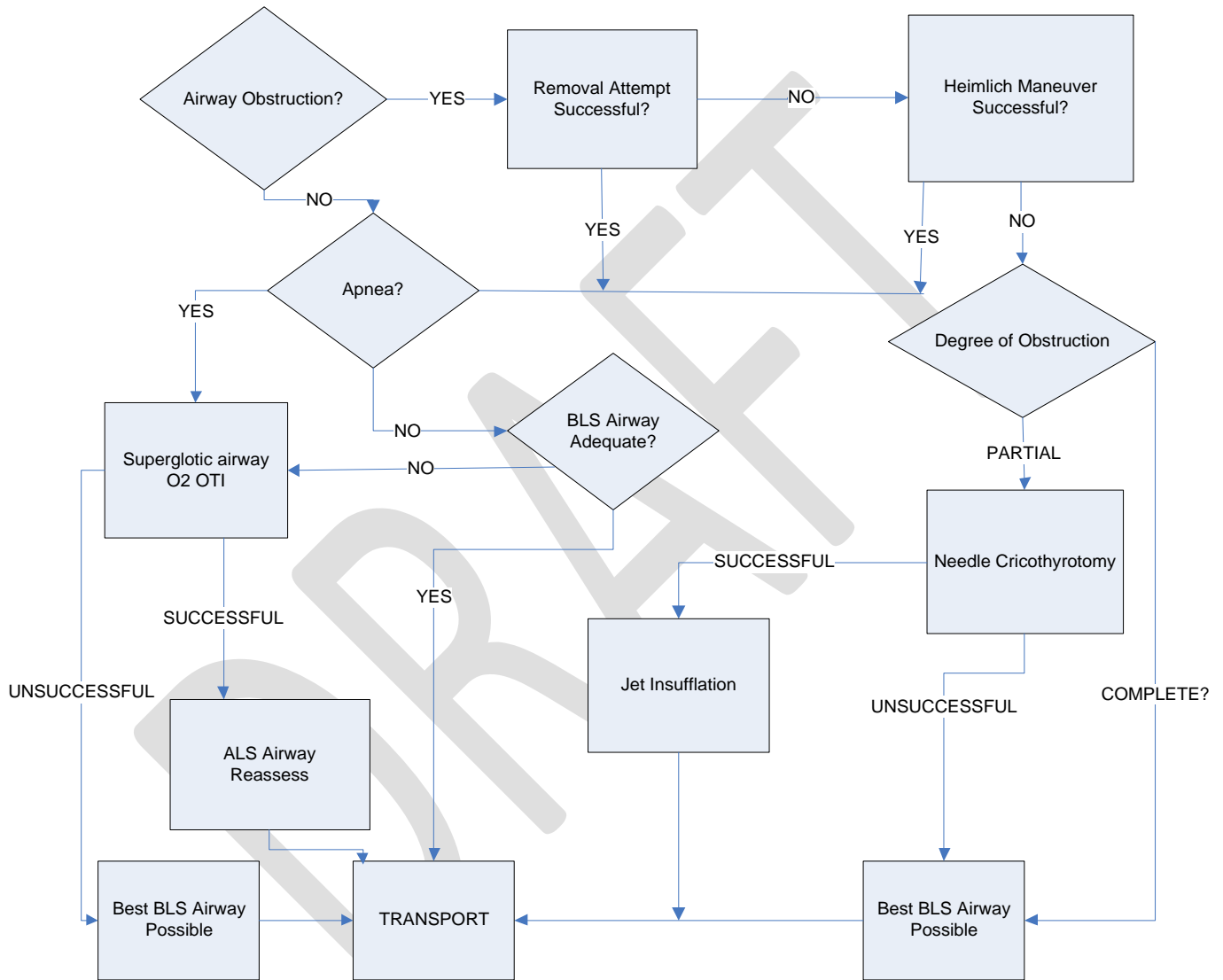
For all patients with advanced airways, ~~an end-tidal CO2 detector or other approved confirming device shall be utilized to aid in the confirmation of correct placement.~~ ET tube placement shall be confirmed using capnography, end tidal CO2 detector, or other approved confirming device.

In addition, continuous waveform capnography will be utilized throughout transport.

~~**All pediatric intubated** patients shall have head immobilization to decrease the risk of accidental extubation. (Place in Pediatric protocol).~~

Two attempts at an advanced airway may be made and then the Paramedic shall reassess the adequacy of BLS airway interventions. If BLS airway interventions are insufficient, a third advanced airway attempt will be made by a different (non-intern) Paramedic if available or a supraglottic airway device shall be used. A supraglottic airway device shall be used on the fourth advanced airway attempt, if no contraindications exist.

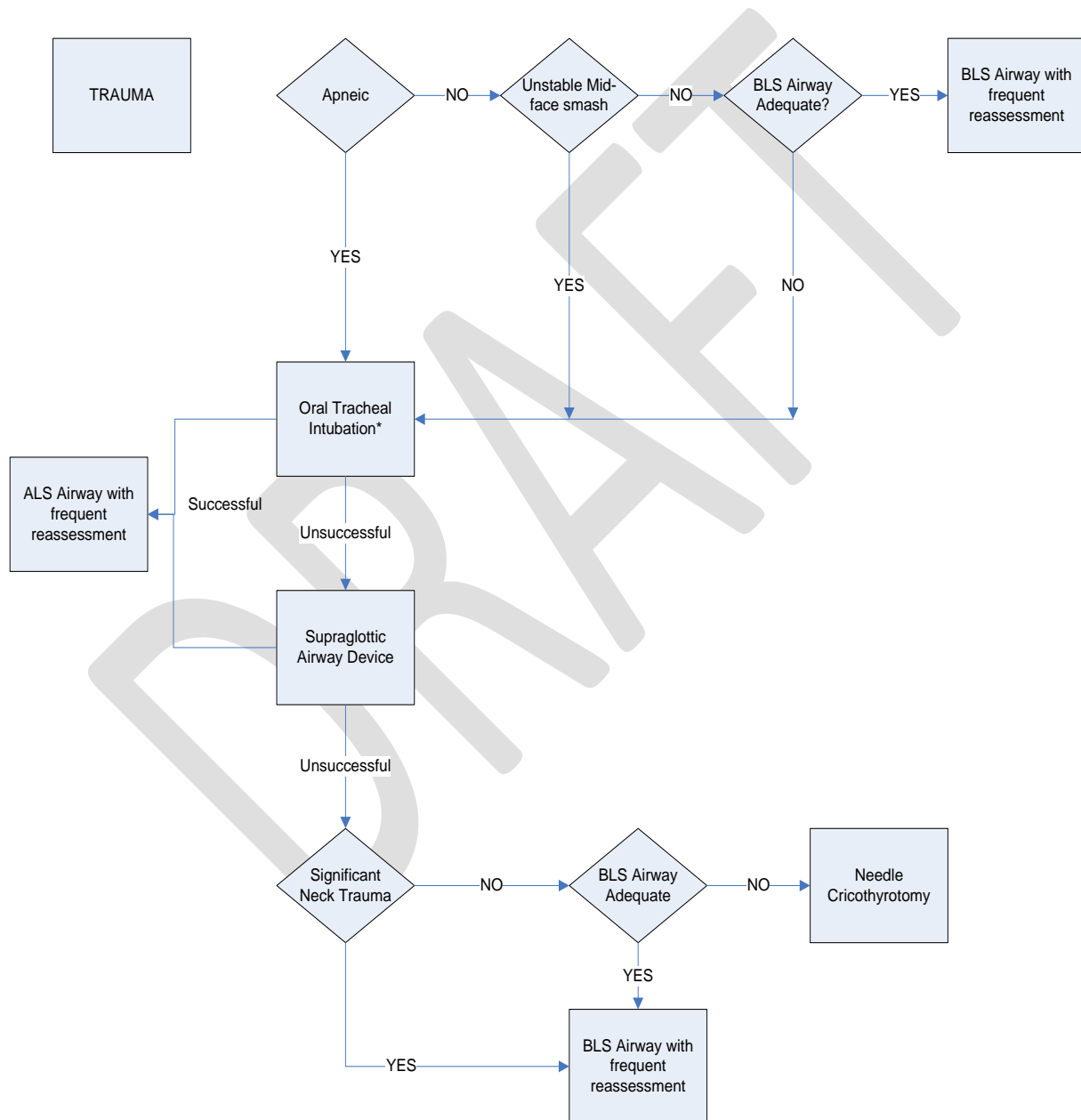
5. Medical patient advanced airway algorithm: see next page



***Heimlich Maneuver may be attempted three (3) times.**

***Advanced airway may be attempted four (4) times.**

6. Trauma patient advanced airway algorithm:



***Supraglottic devices may be the advanced airway of choice and may be used on the first attempt.**