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|  | <b>COUNTY OF SACRAMENTO</b><br>EMERGENCY MEDICAL SERVICES AGENCY           | Document #          | 8020.22  |
|   | <u>PROGRAM DOCUMENT:</u><br><b>Respiratory Distress: Airway Management</b> | Initial Date:       | 06/24/94 |
|   |  | Last Approval Date: | 09/12/19 |
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EMS Medical Director

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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: ~~“King Tube” or “i-Gel”~~.
  - 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.

| <b>BLS</b>   |
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| 1. Supplemental O2 as necessary to maintain SpO2 $\geq$ 94%. Use lowest concentration and flow rate of O2 as possible.<br>2. Reposition the airway as needed. For the trauma patient maintain spinal motion restriction (SMR) and utilize the jaw thrust technique.<br>3. Foreign body removal maneuvers as needed.<br>4. Suction as needed.<br>5. Airway adjuncts as needed.<br>6. Assist ventilations as needed.<br>7. Reassess the need for continuing BLS airway interventions, or the need to advance to ALS airway interventions.<br>8. Transport (for non-trauma patient in a position of comfort). |

| <b>ALS</b>   |  |  |
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| <ol style="list-style-type: none"> <li>1. Consider and treat causes of respiratory distress, per policy 8026-Respiratory Distress, and 8061-Decreased Sensorium.</li> <li>2. Cardiac monitor.</li> <li>3. Consider Vascular Access after transport initiated</li> <li>4. All patients with a Glasgow Coma Scale (GCS) &lt; 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 or medical intervention rapidly improves GCS over 8 (i.e. Narcan, Dextrose, per policy 8061-Decreased Sensorium).</li> <li>5. All advanced airway placement shall be confirmed using waveform capnography, end tidal CO2 detector, or other approved confirming device, and waveform capnography shall be used throughout transport.</li> <li>6. 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.</li> </ol> |  |  |
| Cross Reference:   | Supraglottic Intubation (King Tube or i-gel)<br>Decreased Sensorium<br><b>NIV</b><br>Vascular Access<br>Respiratory Distress | PD# 8830<br>PD# 8061<br>PD# 8829<br>PD# 8808<br>PD# 8026 |

# Respiratory Distress: Airway Management

