



Sacramento County EMS Agency

Paramedic Optional Scope Competency Documentation Form

Original Date: June 2019

Revision Date: _____

Paramedic Optional Scope Service Provider Agency: _____

Initial Testing: _____ Annual Recurrent: _____

Pediatric ≥ 8 years of age: _____ Adult: _____ Date: _____

Employee Name: _____

Instructors Name: _____

Supraglottic Airway (SAD): Adult and Pediatric ≥ 8 years of age

Supraglottic Airway Device (SAD)	PASS/FAIL
States indication(s), contraindication(s), and complication(s) for SAD placement	
Places patient on monitor (if available), pre-oxygenates and suctions as needed prior to insertion	
Identifies the correct SAD size, based on device specifications	
Applies water-based lubricant to the back, sides and front of the SAD	
Places the patient in a sniffing position unless suspected spinal injury	
With non-dominant hand, opens the mouth applying a chin lift	
Introduces the leading soft tip into the mouth in the direction of the hard palate	
Glides the SAD down the back along the hard palate with continuous but gentle pressure until definitive resistance is felt	
Explains that the feel of "give-way" may be felt before end point resistance is met as the SAD moves through the bowl of the faucial pillars	
Places so that the SAD tip sits at the upper esophageal opening, the cuff is against the laryngeal framework, and incisors rest on the bite block	
Does not repeatedly push down or apply excessive force during insertion	
Secures SAD using commercial device	
Attaches ventilation with continuous wave form capnography	
Confirms absence of abdominal sounds and presence of bilateral breath sounds	
Discusses C collar placement to minimize head/neck movement	
Evaluator/Instructor(s) Initials	

Evaluator/Instructor(s) Comments:

Overall Evaluation (Pass/Fail)	Requires Additional Training (Yes/No)

Instructors Signature: _____