

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8020.20
	PROGRAM DOCUMENT: Respiratory Distress: Airway Management	Initial Date:	06/24/94
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 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: "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
I. Supplemental O2 as necessary to maintain SpO2 > 94%. Use lowest concentration and flow rate of O2 as possible.
II. Reposition the airway as needed. For the trauma patient maintain spinal immobilization and utilize the jaw thrust technique.
III. Foreign body removal maneuvers as needed.
IV. Suction as needed.
V. Airway adjuncts as needed.
VI. Assist ventilations as needed.
VII. Reassess the need for continuing BLS airway interventions, or the need to advance to ALS airway interventions.
VIII. Transport (for non-trauma patient in a position of comfort).

ALS

- I. Consider and treat ~~other treatment~~ causes to prevent respiratory failure such as CPAP or other appropriate protocol(s) as per policy 8026-Respiratory Distress.
- II. Cardiac monitor.
- III. Consider Vascular Access after transport initiated
- IV. All patients >8 years of age, 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 or medical intervention rapidly improves GCS over 8 (i.e. Narcan, Dextrose, per policy 8061-Decreased Sensorium).
- V. For all ET tube placement shall be confirmed using capnography, end tidal CO2 detector, or other approved confirming device.
- VI. In addition, continuous waveform capnography will be utilized throughout transport.
- VII. 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.

Cross Reference:	Supraglottic Intubation (King Tube)	PD #8830
	Decreased Sensorium	PD #8061
	Continuous Positive Airway Pressure	PD #8829
	Vascular Access	PD #8808
	Respiratory Distress	PD #8026

Respiratory Distress: Airway Management

Consider causes and prepare for immediate transport

Foreign Body?

Infection? Epiglottitis?

Anaphylaxis?

Trauma

ALS ONLY:
Direct Laryngoscopy.
Remove foreign body with
Magill Forceps

- Position of comfort.
- Avoid visualization
- Assist ventilation as needed

Refer to policy 8001-
Allergic Reaction/
Anaphylaxis

BLS Airway
adequate?

Successful?

NO

Heimlich
Maneuver
May be attempted
three (3) times

Successful?

NO

Consider Policy 8801-Percutaneous
Cricothyrotomy, with Jet Ventilation, or High Flow
Intermittent Ventilation
If unable to ventilate by appropriate airway
maneuvers

YES

Monitor & Reassess
Transport

If inadequate ventilation:
Advanced Airway
(Supraglottic/OTI)

Successful?

NO

Successful?

NO

YES

NO

If inadequate ventilation:
Advanced Airway (Supraglottic/
OTI)