

7.01 AIRWAY MANAGEMENT

BLS Treatment
<ul style="list-style-type: none">• Assess circulation, airway, breathing, and responsiveness.• Assist ventilations with BVM and oxygen if indicated.• Pulse oximetry, if training occurs and approved by Provider Medical Director.• OPA or NPA as indicated.• BLS maneuvers to remove Foreign Body Airway Obstruction as indicated.• Oxygen as indicated.
ALS Treatment
<ul style="list-style-type: none">• ALS maneuvers to remove Foreign Body Airway Obstruction as indicated• Advanced airway as indicated; including CPAP, ETT, <u>Supraglottic</u> (KING Tube) and Needle Cricothyrotomy.<ul style="list-style-type: none">○ Video Laryngoscopy, if available, and approved by the Medical Director.○ Needle Cricothyrotomy with jet insufflation is the airway of LAST RESORT when all other methods of establishing and maintaining a patent airway have been attempted and have failed.
Notes
<ul style="list-style-type: none">• Must obtain and document End Tidal CO₂ for initial advanced airway placement and continuous monitoring of advanced airways.• Target O₂ saturation 94-95%.• Target End Tidal CO₂ is 35-45 mmHg

AGE-BASED AIRWAY TREATMENT:

Between 0 & 8 years:

- Laryngoscopy to remove foreign body (as indicated).
- Supraglottic Airway for airway management in pediatric patients who cannot be adequately managed with BLS airway adjuncts.

Greater than 8 years:

- CPAP as indicated.
- Oral ETT
- If unsuccessful return to BVM or use Supraglottic Airway.
- Supraglottic Airway may be used initially.