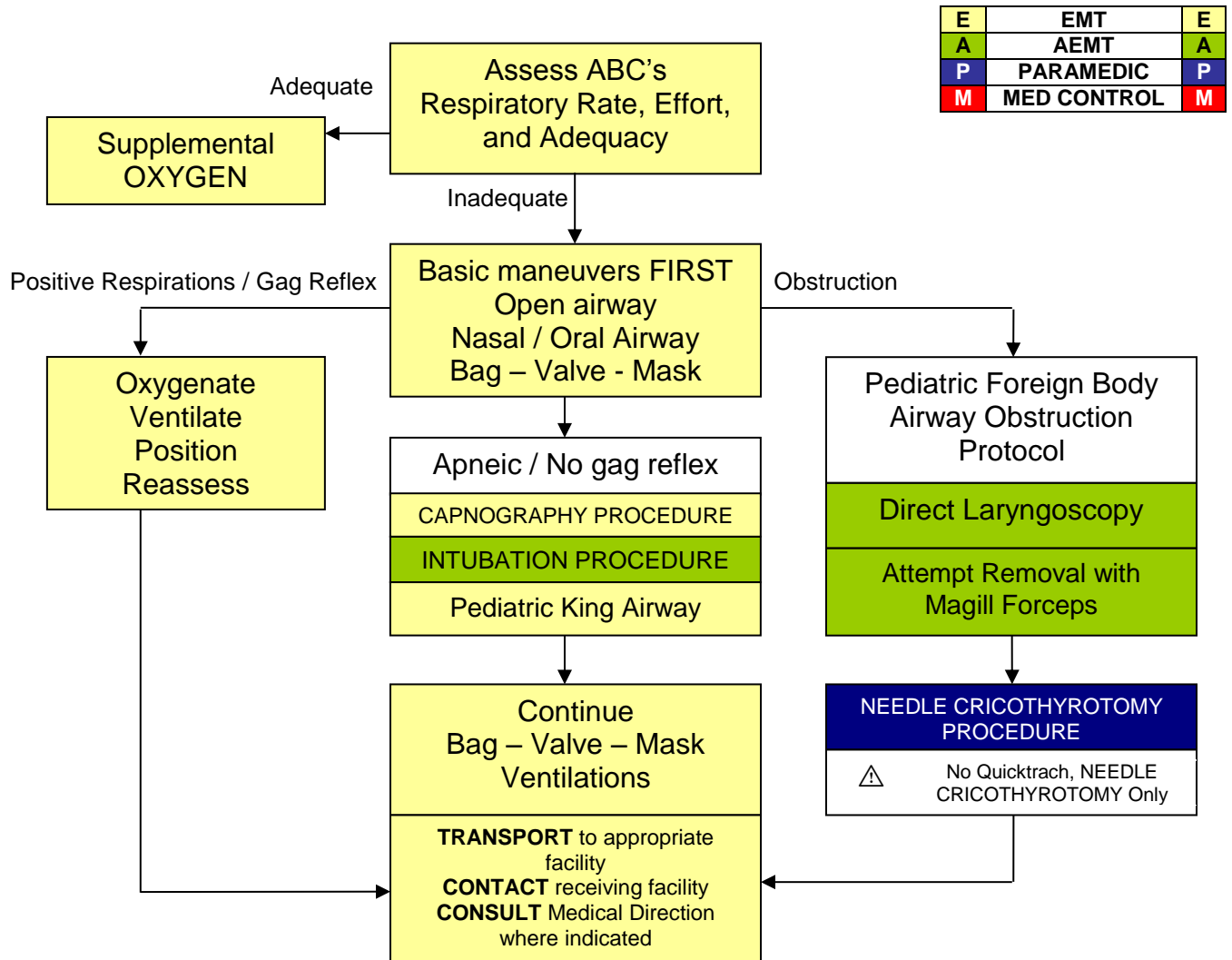




# Section 7: Pediatric Airway/Respiratory Protocols

## PEDS AIRWAY/RESP : AIRWAY PROTOCOL





## Section 7: Pediatric Airway/Respiratory Protocols

### PEDS AIRWAY/RESP: AIRWAY PROTOCOL-Cont.

### PEARLS and KEY POINTS

- **EtCo<sub>2</sub> measurement is mandatory with all methods of intubation. Document results of SpO<sub>2</sub>.**
- **Limit intubation attempts to 2 per patient max. Consider ETT if inadequate BVM**
- **BVM and oral airway is acceptable means of airway control and ventilation during prehospital care.**
- If unable to intubate, continue BVM ventilations, transport rapidly, and **notify receiving hospital early.**
- Maintain C-spine immobilization for patients with suspected spinal injury.
- Do not assume hyperventilation is psychogenic - use oxygen, not a paper bag.
- Sellick's maneuver should be considered to assist with difficult intubations.
- Continuous pulse oximetry should be utilized in all patients with an inadequate respiratory function.
- Consider c-collar to help maintain ETT placement for all intubated patients.