ADULT AIRWAY/RESPIRATORY: AIRWAY & BREATHING GUIDELINES

GUIDELINES OF AIRWAY ASSESSMENT

PARTIAL OBSTRUCTION

- May include coughing with some air movement. Give 100% Oxygen and encourage the patient to cough. Monitor for changes. Transport immediately and be prepared for a total obstruction to develop.

FOREIGN BODY AIRWAY OBSTRUCTIONS (FBAO)

- Should be removed immediately if able. Visualize airway and either suction or sweep out liquids and other materials. Solids must be hooked with an instrument. A laryngoscope may be used for direct visualization of the airway. If unable to clear airway by these methods, use Heimlich maneuver and abdominal or chest thrusts as appropriate.

STRIDOR

- High pitched crowing sound caused by obstruction of the upper airway.

WHEEZING

- A whistling or sighing sound, usually lower airway and found upon expiration.

GUIDELINES OF BREATHING ASSESSMENT

RALES

- Fine to coarse crackles representing fluid in the lower airway.

RHONCHI

- Coarse upper airway sound representing various levels of upper airway obstruction.

COPD

- Pulmonary disease (as emphysema or chronic bronchitis) that is characterized by chronic typically irreversible airway obstruction resulting in prolonged exhalation.

CROUP

- Inflammation, edema, and subsequent obstruction of the larynx, trachea, and bronchi especially of infants and young children that is typically caused by a virus and is marked by episodes of difficulty breathing and hoarse metallic cough.

EPIGLOTTITIS

- Inflammation of the epiglottis usually caused by HIB microbes, now uncommon in children.

KEY POINTS

Airway Assessment:

- C-spine precautions must be considered prior to the insertion of airway adjuncts. Provide manual stabilization prior to insertion.
- See PEDIATRIC Section for pediatric airway management.

Breathing Assessment:

- Be sure that the airway is open before assessing breathing.
- When assessing breathing, observe rate, quality, depth, and equality of chest movement.
- COPD patients maintain on low flow oxygen (usually <2 L which keeps their O2 Sat in the 90's%), and some may stop breathing on high flow. However - if the COPD patient needs high flow oxygen - it should be given. Be prepared to support breathing with BVM if needed.
- Always record vital signs when treating breathing problems.

ADULT AIRWAY/RESPIRATORY: AIRWAY & BREATHING GUIDELINES-cont.

ADJUNCT	INDICATIONS	CONTRAINDICATIONS	COMMENTS
Suction	Indispensable for all patients with fluid or particulate debris in airway	NONE	No more than 15 seconds per attempt
Modified jaw thrust	Initial airway maneuver for all trauma patients	NONE	This maneuver does not protect against aspiration in patient with depressed consciousness
Hyperextension of neck	Opening airway of non-trauma patient	Potential cervical spine injury	This maneuver does not protect against aspiration in patient with depressed consciousness
Nasal airway	Obstruction by tongue with gag reflex present	Potential mid-face injury	These adjuncts do not protect against aspiration in patient with depressed consciousness
Oral airway	Obstruction to tongue, etc.	Positive gag reflex	These adjuncts do not protect against aspiration in patient with depressed consciousness
Orotracheal intubation	Failure of above; provides airway protection	NONE	Difficult in patients with severe maxillofacial injuries
Supraglottic Airway with or without suctioning	Difficult airway Airway device for BLS providers	NONE	Primary salvage airway Size appropriately
Video Laryngoscope	Difficult airway Airway device for ALS providers	NONE	Requires special training prior to use. Provides visual confirmation
Needle cricothyrotomy	High obstructed airway – unable to clear. Unable to establish any other airway.	Must be able to identify cricoid ring. Not best for anterior neck trauma.	Provides route for temporary oxygenation only
Quicktrach or other cricothyrotomy device	High obstructed airway – unable to clear. Unable to establish any other airway.	Must be able to identify cricoid ring. Not best for anterior neck trauma.	Cricothyrotomy kits requires special training prior to use
Bougie assisted intubation	Difficult airway Airway device for ALS providers	NONE.	Requires special training prior to use