

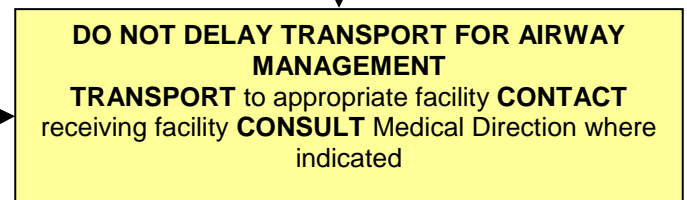
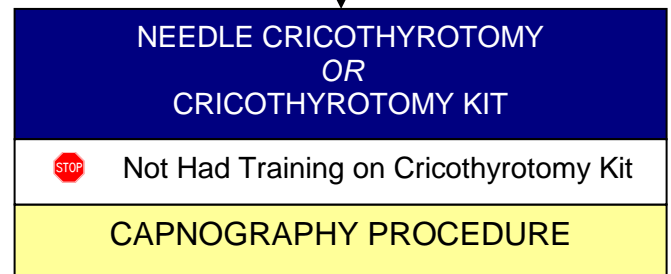
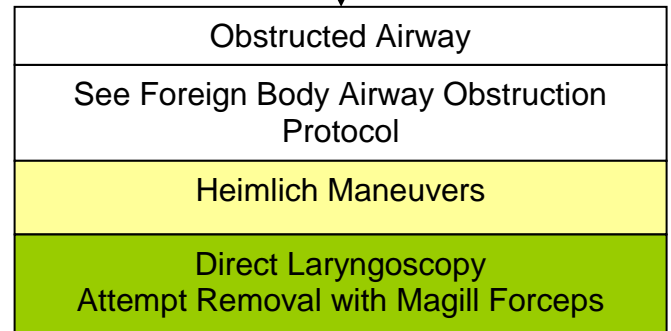
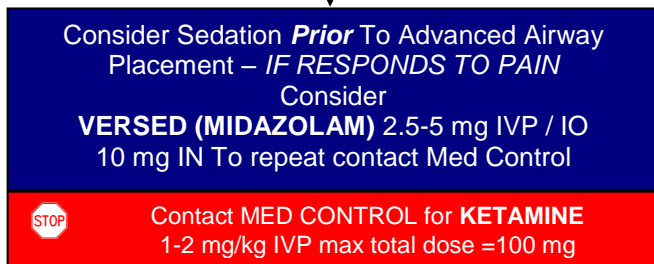
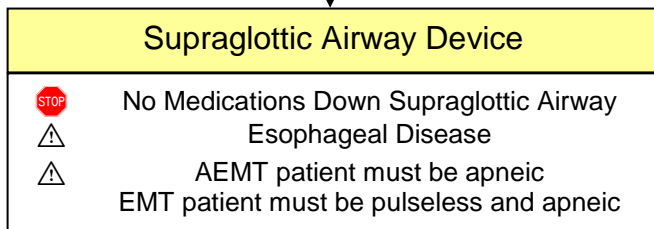
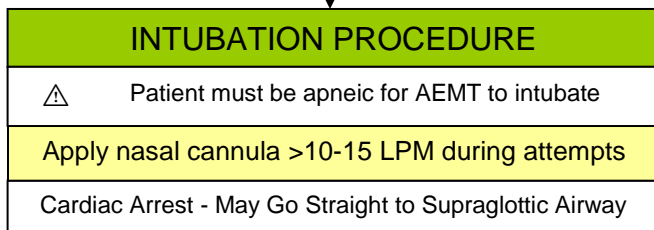
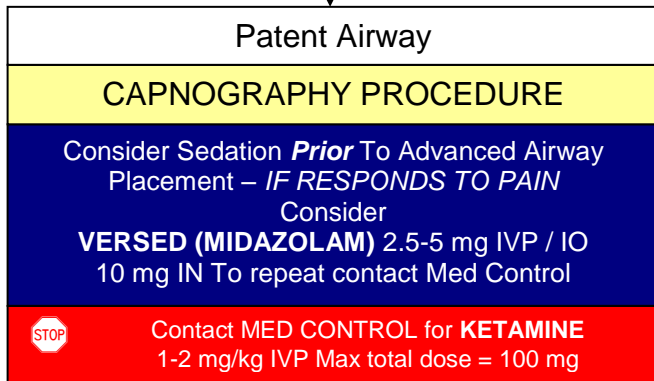
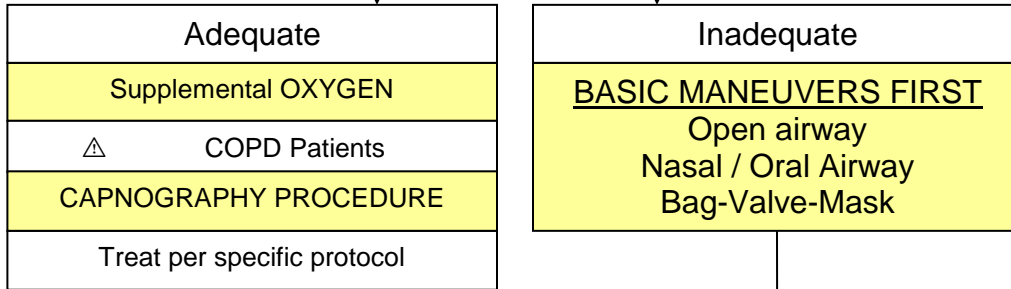


Section 2: Adult Airway/Respiratory Protocols

ADULT AIRWAY/RESPIRATORY: AIRWAY PROTOCOL

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M

Assess ABC's
Respiratory Rate, Effort,
and Adequacy





Section 2: Adult Airway/Respiratory Protocols

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

PEARLS and KEY POINTS

INDICATIONS	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none">• Apnea• Coughing• Choking• Inability to speak• Unresponsive• Burns• Trauma	<ul style="list-style-type: none">• Witnessed aspiration• Sudden episode of choking• Gagging• Audible stridor• Change in skin color• Decreased LOC• Increased or decreased Respiratory rate• Labored breathing• Unproductive cough	<ul style="list-style-type: none">• Cardiac arrest• Respiratory arrest• Anaphylaxis• Esophageal obstruction

Tracheostomy Patient Airway Management

If unable to ventilate patient, attempt to suction the tracheostomy or replace inner cannula if replacements are available. If unable to suction, the suction catheter will not pass, or a replacement innertrach cannula is unavailable, remove entire tracheostomy and place a ET tube of similar outer diameter in the stoma. Do not advance the ET tube too far, a few centimeters after the distal cuff disappears from the stoma is sufficient.

Cuffed Tracheostomies

Like other advanced airways, tracheostomies must have a distal cuff to seal internally while utilizing positive pressure ventilation. Patients on ventilators must have a cuffed tracheostomy tube to facilitate positive pressure ventilation. While ventilating patients with a cuffed tracheostomy, assure the pilot balloon is inflated assuring a good internal seal.

Uncuffed Tracheostomies

Spontaneously breathing patients will likely have an uncuffed tracheostomy. Although a BVM will adapt to the end of the uncuffed tracheostomy, they will likely be leakage yielding insufficient ventilation. Remove the uncuffed tracheostomy and insert an ET tube as described above if ventilation is required.

- When available, use Capnography with all methods of intubation. Document results.
 - 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.
 - Paramedics should consider using a supraglottic airway if they are unable to intubate. Consider c-collar to maintain ETT placement for all intubated patients to maintain tube placement (REMOVE COLLAR upon patient TRANSFER).
 - **AEMT's may only intubate or place supraglottic airways in apneic patients.**
 - **EMT's may only use supraglottic airways on pulseless AND apneic patients.**
- Consider the use of intubation aids such as a bougie to facilitate intubation.