Adult Airway

Assess Respiratory rate, effort, oxygenation. Is Airway/Breathing Adequate?  

YES → Supplemental Oxygen with goal saturation ≥ 90%

NO

Basic Maneuvers First:  
- Open airway with chin lift/jaw thrust (if concern for traumatic MOI)  
- Nasal or Oral Adjuncts (NPA and/ or OPA)  
While placing adjuncts, add supplemental oxygen via nasal cannula or non–rebreather  
Consider CPAP
- Bag Valve Mask with supplemental Oxygen ≥ 90%

Apply Capnography procedure guideline Spinal Motion Restriction Guidelines if indicated

Respiratory Distress with a Tracheostomy Tube Guideline if indicated

Airway Obstructed

YES

Follow Adult Foreign Body or Peds Foreign Body obstruction guideline

Direct Laryngoscopy attempt to visualize FB and remove with McGills  
Consider Cricothyrotomy procedure

NO

Breathing/ Oxygentation Support Needed?

YES

Consider CPAP

Bag Valve Mask with supplemental oxygen ≥ 90%

Supraglottic Airway procedure (SGA)

NO

Monitor/ Reassess Supplemental Oxygen if indicated

Oral/ Nasotracheal intubation procedure

Neural Decompression procedure if indicated

***KEY POINT***
If ventilation / oxygenation is adequate, transport may be the best option. The most important airway device and the most difficult to use correctly and effectively is the Bag Valve Mask (not the laryngoscope).

*** If an effective airway is being maintained by BVM and/or basic airway adjuncts (e.g. NPA and/or OPA) with continuous pulse oximetry values of ≥ 90% or values expected based on pathophysiologic condition with otherwise reassuring vital signs, it is acceptable to continue with basic airway measures instead of using a supraglottic airway or Intubation. Consider CPAP as indicated by protocol and patient condition. ***