

Protocol 3-16

SECTION: Adult General Medical Emergencies

PROTOCOL TITLE: Airway - Failed

REVISED: 06/2017

OVERVIEW:

The purpose of these guidelines is to facilitate the management of the difficult airway and to reduce the likelihood of adverse outcomes. The principal adverse outcomes associated with the difficult airway include, but are not limited to, death, brain injury, myocardial injury, and airway trauma.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none">• Age• Past medical, surgical history• Medications• Reason for airway failure• Duration of symptoms• Last meal• Menstrual history, pregnancy	<ul style="list-style-type: none">• Hypercarbia• Stridor• Trismus• Pooling of secretions• Hypoxia	<ul style="list-style-type: none">• Congenital abnormalities• Previous Tracheostomy• Previous neck surgeries• Previous mouth / throat surgeries• Known head / neck cancers and masses• Trauma



****Medication Facilitated Intubation and Surgical Airway are skills that are only approved when:***

- *Proper medications and equipment are available for procedures; AND*
- *The ALS Provider has been trained in those procedures; AND*
- *The provider's OMD has authorized the performance of the procedures for the provider.*

DIFFICULT AIRWAY

Protocol 3-16

Continued

DIFFICULT AIRWAY

	EMR	EMT	A	I	P
1. Perform general patient management.	•	•	•	•	•
2. Assess mechanism of injury and / or nature of illness. Protect C-spine if necessary.	•	•	•	•	•
3. Administer Oxygen to maintain <u>SPO₂</u> 94 - 99%	•	•	•	•	•
4. Assess patient ability to control airway and adequacy of ventilations. Do not hypo or hyperventilate.	•	•	•	•	•
5. Use head-tilt-chin-lift or jaw thrust as appropriate to open airway. Use oral or nasal airway adjuncts to support as appropriate.	•	•	•	•	•
6. Support ventilations with two man bag-valve-mask ventilations if personnel is available.	•	•	•	•	•
7. If unable to maintain airway, consider oral (<i>I or P</i>) or nasal (<i>P only</i>) intubation.				•	•
8. If unable to successfully intubate, attempt to use an <u>alternative airway</u> to secure airway.		•	•	•	•
9. If still unable to maintain airway, consider medication facilitated intubation* or use alternative airway as a rescue device.					•
10. If still unable to maintain airway, consider <u>surgical airway</u> .					•
11. Transport promptly.		•	•	•	•
12. Continuously monitor patient's airway.	•	•	•	•	•