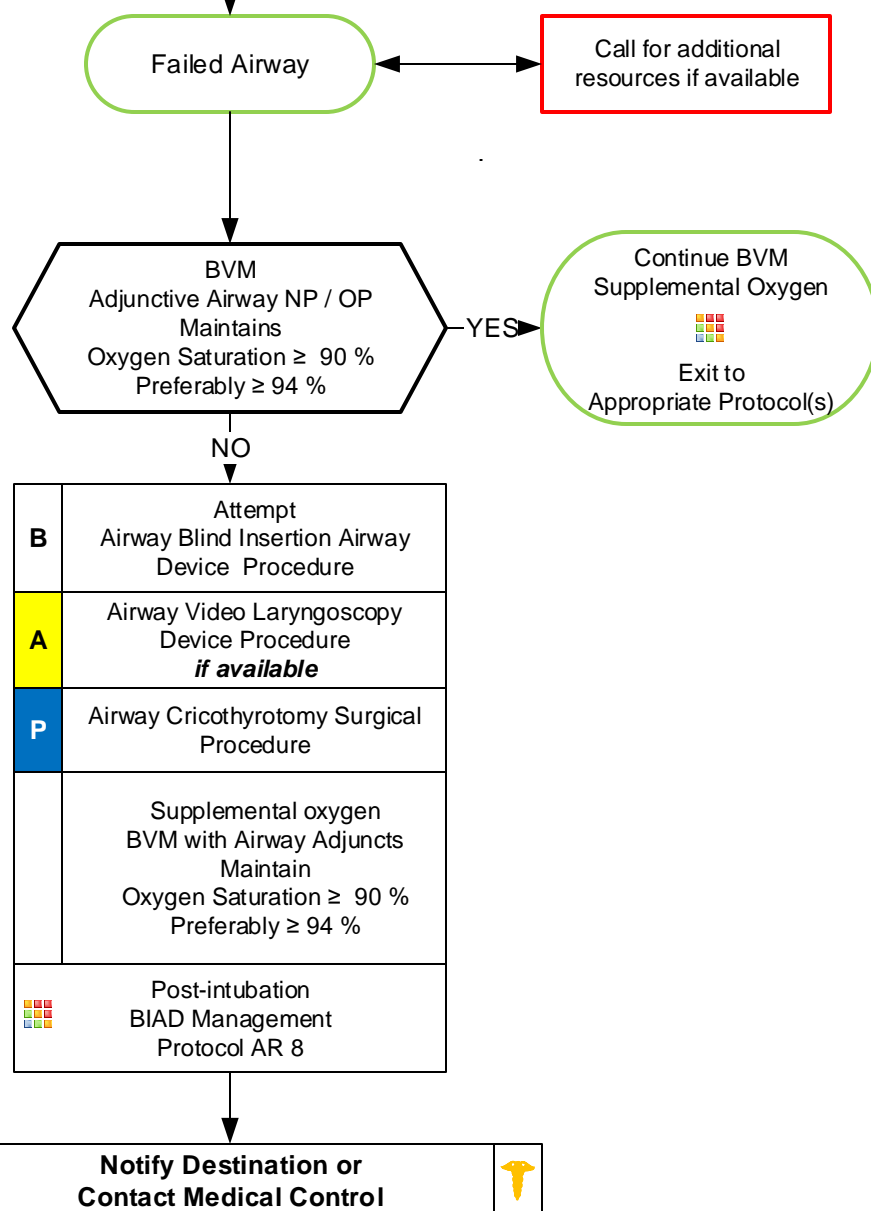


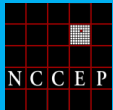
# Adult, Failed Airway

Protocols AR 1, 2, and 3 should be utilized together (even if agency is not using Drug Assisted Airway as they contain useful information for airway management.

Unable to Ventilate and Oxygenate  $\geq 90\%$  during or after one (1) or more unsuccessful intubation attempts.  
and/or  
Anatomy inconsistent with continued attempts.  
and/or  
Three (3) unsuccessful attempts by most experienced Paramedic/AEMT.  
*Each attempt should include change in approach or equipment*

NO MORE THAN THREE (3) ATTEMPTS TOTAL





# Adult, Failed Airway

## Pearls

- For the purposes of this protocol a secure airway is when the patient is receiving appropriate oxygenation and ventilation.
- If an effective airway is being maintained by BVM with continuous pulse oximetry values of  $\geq 90\%$ , it is acceptable to continue with basic airway measures.
- Anticipating the Difficult Airway and Airway Assessment
  - Difficult BVM Ventilation (MOANS):** Mask seal difficulty (hair, secretions, trauma); Obese, obstruction, OB – 2d and 3d trimesters; Age  $\geq 55$ ; No teeth; Stiff lungs or neck
  - Difficult Laryngoscopy (LEON):** Look externally for anatomical problems; Evaluate 3-3-2 (Mouth opening should equal 3 of patient's finger's width, mental area to neck should equal 3 of patient's finger's width, base of chin to thyroid prominence should equal 2 of patient's finger's width); Obese, obstruction, OB – 2d and 3d trimesters; Neck mobility limited.
  - Difficulty BIAD (RODS):** Restricted mouth opening; Obese, obstruction, OB – 2d and 3d trimesters; Distorted or disrupted airway; Stiff lungs or neck
  - Difficulty Cricothyrotomy / Surgical Airway (SMART):** Surgery scars; Mass or hematoma, Access or anatomical problems; Radiation treatment to face, neck, or chest; Tumor.
- If first intubation attempt fails, make an adjustment and then consider:
  - Different laryngoscope blade / Video or other optical laryngoscopy devices
  - Gum Elastic Bougie
  - Different ETT size
  - Change head positioning
- AEMT and Paramedics should consider using a BIAD if oral-tracheal intubation is unsuccessful.
- During intubation attempts use External Laryngeal Manipulation to improve view of glottis.
- Continuous pulse oximetry should be utilized in all patients with inadequate respiratory function.
- Continuous EtCO<sub>2</sub> should be applied to all patients with respiratory failure or to all patients with advanced airways.
- Notify **Medical Control** AS EARLY AS POSSIBLE concerning the patient's difficult / failed airway.
- **DOPE:** Displaced tracheostomy tube / ETT, Obstructed tracheostomy tube / ETT, Pneumothorax and Equipment failure.