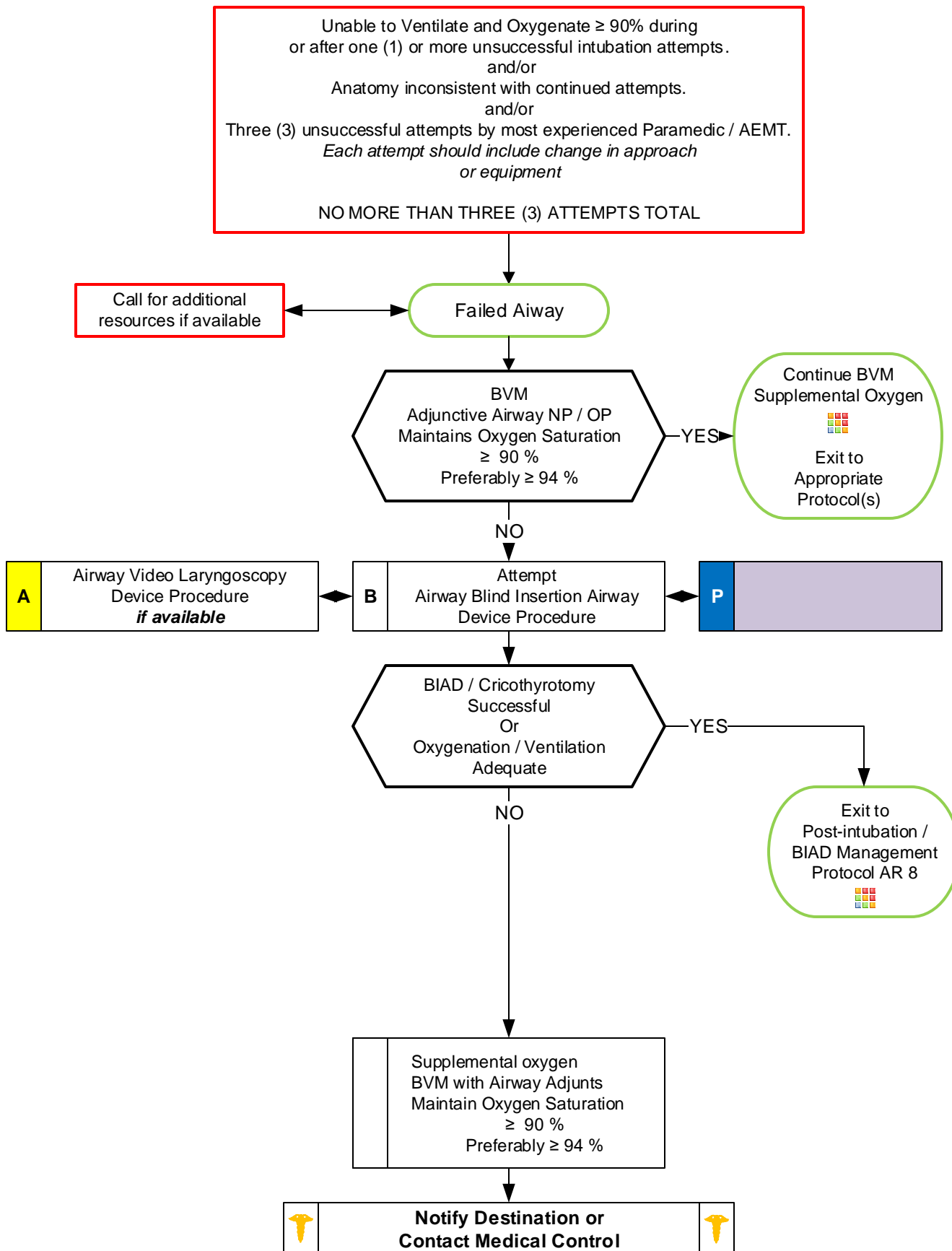
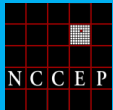


Pediatric Failed Airway





Pediatric Failed Airway

Pearls

- For this protocol, pediatric is defined as any patient which can be measured within a Length-based Resuscitation Tape.
- 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 instead of using a BIAD or Intubation.
- For the purposes of this protocol a secure airway is when the patient is receiving appropriate oxygenation and ventilation.
- An intubation attempt is defined as passing the laryngoscope blade or endotracheal tube past the teeth or inserted into the nasal passage.
- Capnometry (color) or capnography is mandatory with all methods of intubation. Document results.
- Continuous capnography (EtCO₂) is strongly recommended with BIAD or endotracheal tube use though this is not validated and may prove impossible in the neonatal population (verification by two (2) other means is recommended).
- Ventilatory rate: 30 for Neonates, 25 for Toddlers, 20 for School Age, and for Adolescents the normal Adult rate of 8 – 10 per minute. Maintain a EtCO₂ between 35 and 45 and avoid hyperventilation.
- It is strongly encouraged to complete an Airway Evaluation Form with any BIAD or Intubation procedure.
- If first intubation attempt fails, make an adjustment and then try again: Different laryngoscope blade; Gum Elastic Bougie; Different ETT size; Change cricoid pressure; Apply BURP; 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.
- Gastric tube placement should be considered in all intubated patients.
- It is important to secure the endotracheal tube well and consider c-collar (even in absence of trauma) to better maintain ETT placement. Manual stabilization of endotracheal tube should be used during all patient moves / transfers.
- **Airway Cricothyrotomy Needle Procedure:**
 - Indicated as a lifesaving / last resort procedure in pediatric patients ≤ 11 years of age.
 - Very little evidence to support it's use and safety.
 - A variety of alternative pediatric airway devices now available make the use of this procedure rare.
 - Agencies who utilize this procedure must develop a written procedure, establish a training program, maintain equipment and submit procedure and training plan to the State Medical Director / Regional EMS Office.
- **DOPE:** Displaced tracheostomy tube / ETT, Obstructed tracheostomy tube / ETT, Pneumothorax and Equipment failure.