



AIRWAY MANAGEMENT	
ADULT	PEDIATRIC – (14 years and under)
BLS Procedures	
<p>Maintain Airway Patency</p> <ul style="list-style-type: none">• Open and reposition the airway• Utilize airway adjuncts (OPA/NPA) as indicated• Oropharyngeal suctioning as indicated• For suspected spinal injuries, administer oxygen via appropriate delivery device while maintaining in-line cervical stabilization <p>Oxygen Administration - Maintain SpO₂ ≥ 94-98%</p> <ul style="list-style-type: none">• Nasal Cannula (NC) 2 - 6LPM• Non-Rebreather Mask (NRB) 10 - 15LPM• Bag-Valve Mask (BVM)<ul style="list-style-type: none">◦ 10-12 breaths/min <p>Foreign Body Airway Obstruction (FBAO)</p> <ul style="list-style-type: none">• BLS Choking Procedures	<p>Maintain Airway Patency</p> <ul style="list-style-type: none">• Open and reposition the airway• Utilize airway adjuncts (OPA/NPA) as indicated• Oropharyngeal suctioning as indicated• For suspected spinal injuries, administer oxygen via appropriate delivery device while maintaining in-line cervical stabilization <p>Oxygen Administration - Maintain SpO₂ ≥ 94-98%</p> <ul style="list-style-type: none">• Nasal Cannula (NC) 2 - 6LPM• Non-Rebreather Mask (NRB) 10 - 15LPM• Bag-Valve Mask (BVM)<ul style="list-style-type: none">• 12-20 breaths/min or 20-30 breaths/min (for infants) <p>Foreign Body Airway Obstruction (FBAO)</p> <ul style="list-style-type: none">• BLS Choking Procedures
Expanded Scope	
<p>Maintain Airway Patency</p> <ul style="list-style-type: none">• Utilize airway adjuncts (OPA/NPA/SGA) as indicated <p>Oxygen Administration - Maintain SpO₂ ≥ 94-98%</p> <ul style="list-style-type: none">• Bag-Valve Mask (BVM) / Supraglottic Airway (SGA) 10-15LPM<ul style="list-style-type: none">◦ 10-12 breaths/min	<p>Maintain Airway Patency</p> <ul style="list-style-type: none">• Utilize airway adjuncts (OPA/NPA) as indicated <p>Oxygen Administration - Maintain SpO₂ ≥ 94-98%</p> <ul style="list-style-type: none">• Bag-Valve Mask (BVM)<ul style="list-style-type: none">◦ 10-12 breaths/min
ALS Prior to Base Hospital Contact	
<p>Foreign Body Airway Obstruction (FBAO)</p> <ul style="list-style-type: none">• If BLS Choking Procedures are unsuccessful, perform direct visualization via laryngoscopy & remove FBAO using Magill forceps m H₂O <p>Advanced Airway Management</p> <ul style="list-style-type: none">• Supraglottic Airway Device<ul style="list-style-type: none">◦ Refer to Policy 546: Supraglottic Airway Device• Endotracheal Intubation<ul style="list-style-type: none">◦ Refer to Policy 532: Endotracheal Intubation◦ Consider alternate airway device, or maintain BLS airway, if the following conditions are met:<ul style="list-style-type: none">▪ ETT is contraindicated▪ Difficult airway/delayed airway is anticipated <p>Needle Thoracostomy</p> <ul style="list-style-type: none">• Refer to Policy 536: Needle Thoracostomy	<p>Foreign Body Airway Obstruction (FBAO)</p> <ul style="list-style-type: none">• If BLS Choking Procedures are unsuccessful, perform direct visualization via laryngoscopy & remove FBAO using Magill forceps <p>Advanced Airway Management</p> <ul style="list-style-type: none">• Supraglottic Airway Device<ul style="list-style-type: none">◦ Refer to Policy 546: Supraglottic Airway Device• Endotracheal Intubation for patients ≥ 12 y/o<ul style="list-style-type: none">◦ Refer to Policy 532: Endotracheal Intubation◦ Consider alternate airway device, or maintain BLS airway, if the following conditions are met:<ul style="list-style-type: none">▪ ETT is contraindicated▪ Difficult airway/delayed airway is anticipated <p>Needle Thoracostomy</p> <ul style="list-style-type: none">• Refer to Policy 536: Needle Thoracostomy
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information	
<ul style="list-style-type: none">• Oxygen administration may be titrated down if SPO₂ is 100%• Refer to Policy 533-18 Shortness of Breath for CPAP guidance.	<ul style="list-style-type: none">• Oxygen administration may be titrated down if SPO₂ is 100%• Refer to Policy 533-18 Shortness of Breath for CPAP guidance.