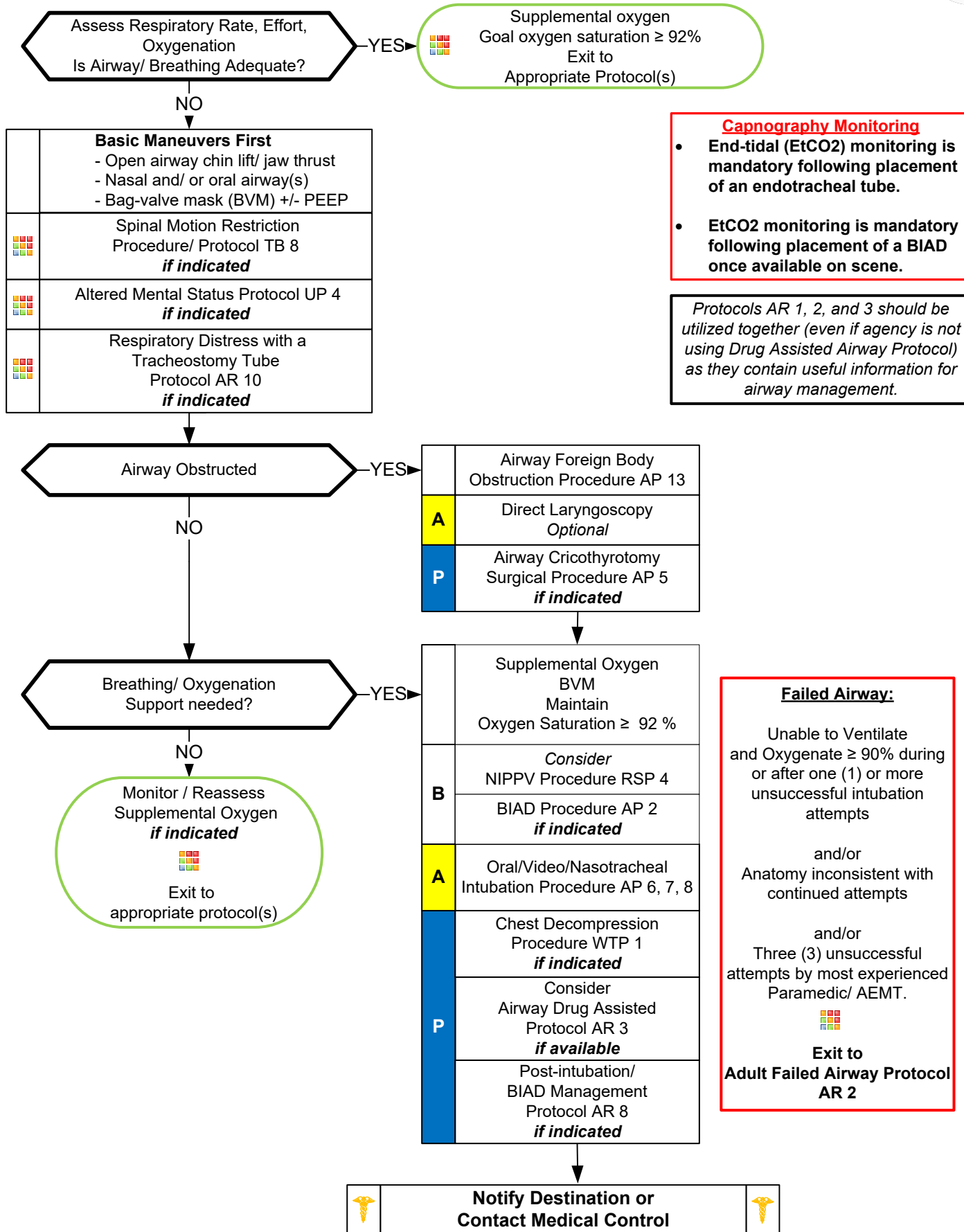


Adult Airway





Pearls

- * **Pulse Oximetry & End Tidal Capnography is MANDATORY with all Advanced Airways. Document results.**
- * **See Pearls section of protocols AR 2 and 3.**
- * **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 92% - 98%, it is acceptable to continue with basic airway measures instead of using a BIAD or Intubation.**
- * **Ventilation rate should be 10 - 12 per minute to maintain a EtCO₂ of 35 – 45 and avoid hyperventilation.**
- * **Anticipating the Difficult Airway and Airway Assessment**
 - Difficult BVM Ventilation (ROMAN):** Radiation treatment/ Restriction; **Obese/ Obstruction/ OB** – 2d and 3d trimesters/ Obstructive sleep apnea; **Mask seal difficulty** (hair, secretions, trauma); **Age** ≥ 55; **No teeth.**
 - 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):** Radiation treatment/ Restriction; **Obese/ Obstruction/ OB** – 2d and 3d trimesters/ Obstructive sleep apnea; **Distorted or disrupted airway; Short thyromental distance/ Small mandible.**
 - Difficulty Cricothyrotomy / Surgical Airway (SMART):** Surgery scars; **Mass or hematoma, Access or anatomical problems; Radiation treatment to face, neck, or chest; Tumor.**
- * **Complete an Airway Evaluation Form with any BIAD or Intubation procedure where medications are used to facilitate.**
- * **Nasotracheal intubation:**
 - Procedure requires spontaneous breathing and may require considerable time, exposing patient to critical desaturation.**
 - Contraindicated in combative, anatomical disrupted or distorted airways, increased ICP, severe facial trauma, basal skull fracture, and head injury. Orotracheal route is preferred.**
- * **Intubation attempt defined as laryngoscope blade passing the teeth or endotracheal tube passed into the nostril**
- * **If first intubation attempt fails, make an adjustment and try again: (Consider change of provider in addition to equipment).**
- * **AEMT and Paramedics should consider using a BIAD first, and if intubation attempt is unsuccessful..**
- * **During intubation attempts use External Laryngeal Manipulation to improve view of glottis.**
- * **It is important to secure the endotracheal tube well to better maintain ETT placement. Manual stabilization of endotracheal tube should be used during all patient moves / transfers.**
- * **DOPE: Displaced tracheostomy tube / ETT, Obstructed tracheostomy tube / ETT, Pneumothorax and Equipment failure.**