



Section: BLS Medical Care – Standing Orders
Subject: BLS AIRWAY MANAGEMENT
Section #: 320.01
Issue Date: March 21, 2011
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1. All members of HCFR providing BLS level care will provide airway management in accordance with this policy.
2. **Oxygen Administration:**
 - a. High-Flow Oxygen:
 - i. Oxygen administration using a non-rebreathing mask (NRBM) attached to **100% oxygen** at 15 lpm is indicated whenever the patient:
 1. Has signs and symptoms of shock; (e.g. pale, cool, or diaphoretic (sweaty) skin, altered mental status, thready pulse).
 2. Is complaining of difficulty in breathing.
 - a. ANY patient meeting these benchmarks should receive oxygen via NRBM even if they have a history of COPD, chronic bronchitis, or emphysema.
 3. Has an illness or injury that raises the index of suspicion for the development of shock.
 4. Is unconscious or has a sudden onset of altered level of consciousness (LOC).
 5. GCS score of < 13.
 6. After spinal motion restriction (SMR) is put in place, if the patient is exhibiting chest pain, shortness of breath, or any signs of shock.
 7. Has abnormal lung sounds.
 8. Complains of chest or epigastric pain.
 9. Is hypotensive with weak peripheral or central pulses.
 10. Is hypertensive with symptoms
 11. Has signs and symptoms of CVA with no SpO₂ measurement available or SpO₂ of < 92%.
 12. Has been resuscitated from cardiac or respiratory arrest.
 13. Actively seizing patient.
 - b. Low-Flow Oxygen:
 - i. Oxygen administration using a nasal cannula (NC) attached to **oxygen** at 2 - 6 lpm is indicated whenever the patient:
 1. Has GCS of 14 without other indications for high-flow oxygen.
 2. Who has SMR precautions in place without other indications for high-flow oxygen.
 3. Post-ictal patients who are beginning to show signs of recovery.
 4. Signs or symptoms of CVA with SpO₂ of 93-95%.
 5. Any other time the EMT feels the patient may benefit from the administration of oxygen.
 - c. When uncertain as to deliver high-flow or low-flow oxygen, use high-flow.
3. **Ventilatory Assistance:**
 - a. Positive pressure ventilations via a bag-valve mask (BVM) are indicated when the patient is apneic or has a respiratory effort that is ineffective in perfusing the patient's body with enough oxygen as evidenced by:

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- i. A respiratory rate (RR) too fast or too slow.
 - ii. A respiratory tidal volume (V_t) that is poor such that you can't appreciate air coming from mouth or nose.
 - iii. Is otherwise short of breath to the point the patient's level of consciousness (LOC) is becoming affected.
- b. When performing ventilatory assistance:
- i. Attach the BVM and 100% oxygen at 15 lpm.
 - ii. Use an oropharyngeal, nasopharyngeal, or rescue airway as tolerated by LOC.
 - iii. When possible, use two people for ventilating with the BVM.

4. Pharyngeal Suctioning:

- a. Pharyngeal suctioning is indicated when the patient:
- i. Is unconscious or semi-conscious and has vomited.
 - 1. Being mindful of the need for SMR. If necessary, roll the patient to the side while the SMR patient is vomiting. Then suction the oropharynx to remove any residual residue.
 - ii. Is unconscious or semi-conscious and is unable to swallow excess saliva (as in a CVA or overdose patient).
 - iii. Has facial trauma with bleeding into the upper airway.
 - iv. Any other time the patient has secretions or other fluids interfering with the breathing process.
- b. Suctioning should be done with an appropriate suction device.
- i. The Yankauer (rigid) suction catheter is the preferred catheter as it typically allows for the removal of larger particles.
 - ii. If a flaccid suction catheter is used, it should be measured from the corner of the patient's mouth to the corner of the earlobe on the same side of the head.
 - iii. The catheter is inserted into the patient's mouth and the suction is engaged while withdrawing the catheter in a circular motion over a five (5) second period.