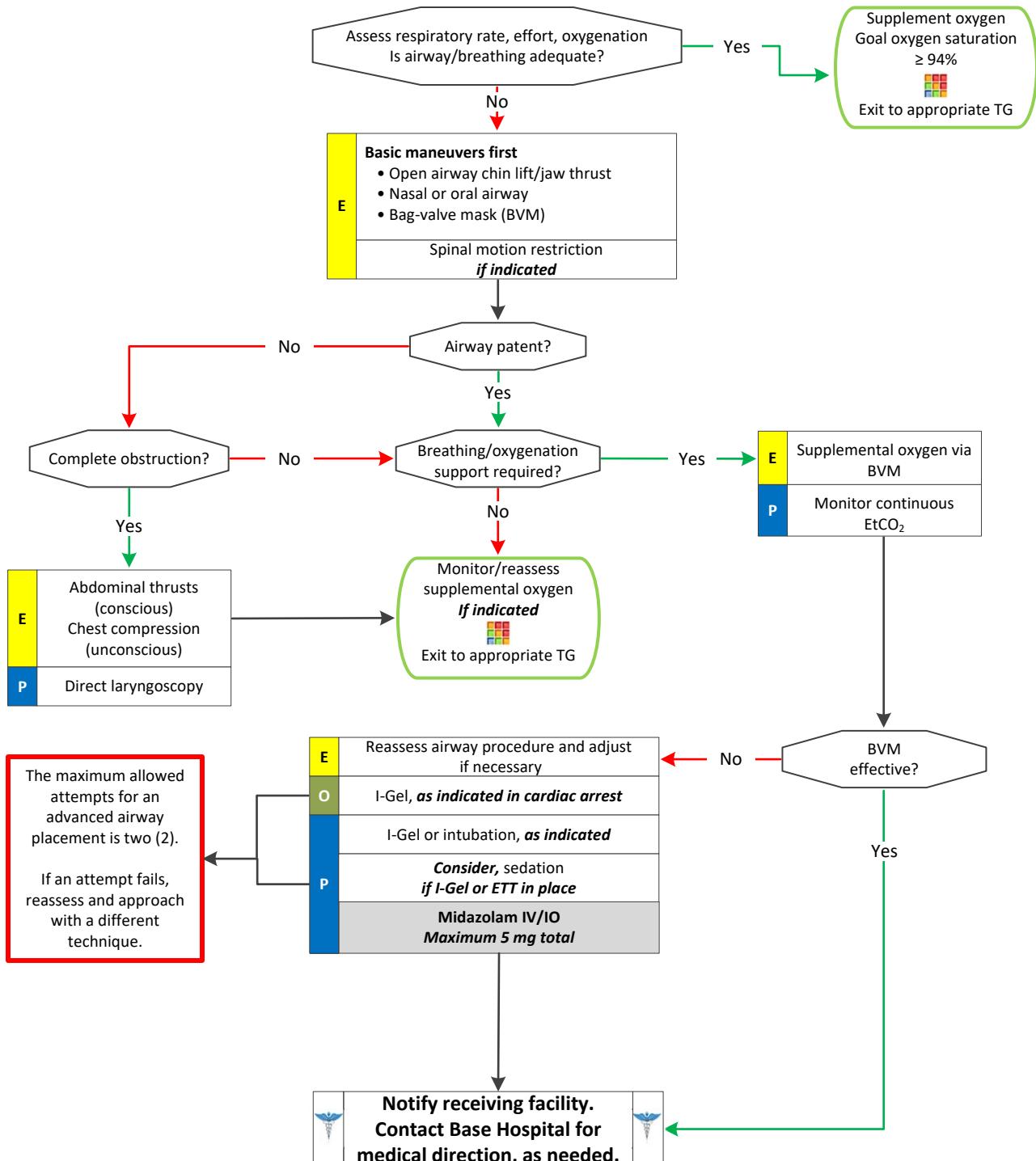


Adult Airway

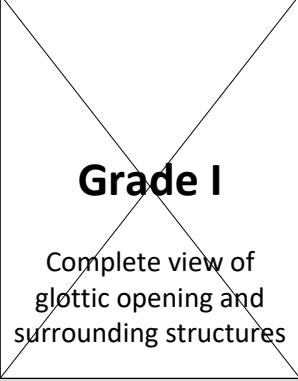


Treatment Guideline A02

Adult Airway

Always weigh the risks and benefits of endotracheal intubation in the field against transport. All prehospital endotracheal intubations are considered high risk. If ventilation/oxygenation is adequate, transport may be the best and safest option. The most important airway device is the BVM, not the laryngoscope.

Cormack-Lehane Difficult Airway Assessment:

Grade I	Grade II	Grade III	Grade IV
 Complete view of glottic opening and surrounding structures	 Partial view of the glottic opening	 Only the epiglottis is visible Use I-Gel	 No distinguishable anatomy is visible

Trauma: Utilize in-line cervical stabilization during intubation, BLS airway or BVM use. During intubation, the cervical collar front should be open or removed to facilitate translation of the mandible/mouth opening.

Pearls

- Continuous capnometry (EtCO_2) is mandatory with all methods of airway management. Document results.
- If an effective airway is being maintained with a BVM and a basic airway adjunct with continuous pulse oximetry values of $\geq 90\%$ or values expected based on pathophysiologic condition with otherwise reassuring vital sign (e.g. pulse oximetry of 85% with otherwise normal vital signs in a post-drowning patient), it is acceptable to continue with basic airway measures rather than placing an advanced airway.
- For the purposes of this TG, a secure airway is achieved when the patient is receiving appropriate oxygenation and ventilation.
- An intubation attempt is defined as inserting the laryngoscope blade with the intent to intubate or inserting an advanced airway past the teeth.
- An appropriate ventilatory rate is one that maintains an EtCO_2 of 35 or greater. Avoid hyperventilation.
- A Bougie is strongly encouraged for all ET intubation attempts.
- Effective use of a BVM is best achieved with two (2) people.
- The airway should be reassessed with each patient move. Document findings and EtCO_2 readings for each.
- Maintain spinal motion restriction for patients with suspected spinal injury.
- Document visualization and grading scale in prehospital record.
- Hyperventilation in deteriorating head trauma should only be done to maintain an EtCO_2 of 30-35.
- It is important to secure the advanced airway well and consider c-collar use (in the absence of trauma) to better maintain advanced airway placement. Manual stabilization of advanced airway should be used during all patient moves/transfers.



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