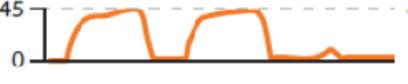
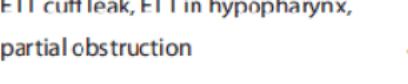


CAPNOGRAPHY (END TIDAL CO₂ MONITORING)		
ADULT	PEDIATRIC (≤ 34 KG)	
BLS		
<ul style="list-style-type: none"> Universal Protocol #601 Pulse Oximetry <ul style="list-style-type: none"> O₂ administration per Airway Management Protocol #602 	<ul style="list-style-type: none"> Universal Protocol #601 Pulse Oximetry <ul style="list-style-type: none"> O₂ administration per Airway Management Protocol #602 	
ALS Standing Orders		
<p>Intubated Patients</p> <ul style="list-style-type: none"> For ET placement verification – use ETCO₂ detection or if ETCO₂ monitor fails use a CO₂ colorimetric device <p>Non-Intubated Patients</p> <ul style="list-style-type: none"> Apply side stream or in-line ETCO₂ in conjunction with the delivery device being used ETCO₂ monitoring should be continued with administration of nebulized medications 	<ul style="list-style-type: none"> Apply side stream or in-line ETCO₂ in conjunction with the delivery device being used ETCO₂ monitoring should be continued with administration of nebulized medications 	
Base Hospital Orders Only		
As needed		
Notes		
<ul style="list-style-type: none"> Document ETCO₂ numeric values and corresponding wave form capnography on the PCR. Take readings after 1 minute, at regular intervals for trends, and upon ED arrival. If the patient is intubated, take additional reading after moving the patient to the hospital bed. Indications: <ul style="list-style-type: none"> Confirmation, monitoring and documentation of endotracheal intubation Assessment, monitoring and documentation of respiratory status of the non-intubated patient experiencing respiratory distress, including but not limited to the use of HPCPR and CPAP As an additional tool to assist in evaluating any patient in respiratory distress 		
Bronchospasm (shark-fin appearance) Asthma, COPD	Sudden loss of waveform ETT disconnected, dislodged, kinked or obstructed, loss of circulatory function	CPR assessment Attempt to maintain minimum of 10 mmHg
		
Hypoventilation		
		
Hyperventilation	Decreasing EtCO₂ ETT cuff leak, FTT in hypopharynx, partial obstruction	Sudden increase in EtCO₂ Return of ROSC
		
Decreased EtCO₂ — Apnea, Sedation		
