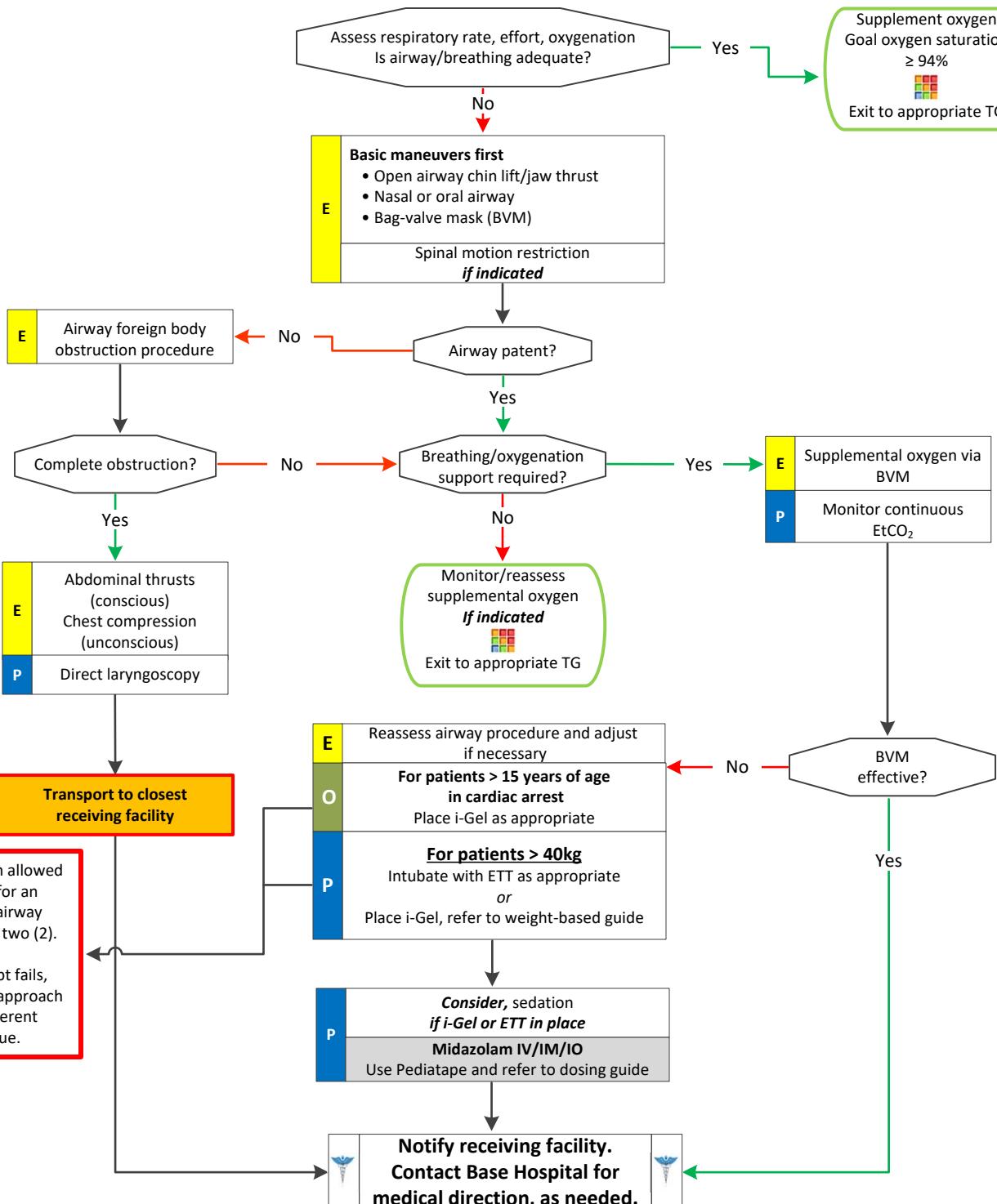


Pediatric Airway



Treatment Guideline P01

Pediatric Airway

Pearls

- Placement of an advanced airway is not a priority during the first five minutes of resuscitation unless ventilation is unable to be maintained with basic maneuvers.
- Endotracheal intubation is only approved for patients over 40kg.
- Capnometry is mandatory with all methods of airway management. Document results.
- Continuous capnometry (EtCO₂) is mandatory for the monitoring of all respiratory patients.
- If an effective airway is being maintained with a BVM and a basic airway adjunct with continuous pulse oximetry values of ≥ 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 expected to continue with basic airway measures.
- 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 advanced airway past the teeth.
- An appropriate ventilatory rate is one that maintains an EtCO₂ of 35 or greater. Avoid hyperventilation.
- Patients with perfusing pulses should be managed with a BLS airway unless unable to successfully ventilate.
- Contraindications for i_Gel:
 - Presence of gag reflex
 - Caustic ingestion
 - Known esophageal disease
 - Laryngectomy with stoma (alternatively place ET in stoma)
- Effective use of a BVM requires two (2) people.
- Airway is a more important intervention in pediatric arrests. This should be accomplished quickly with a BVM and appropriately sized mask. Patient survival is often dependent on proper ventilation and oxygenation.
- Maintain spinal immobilization for patients with suspected spinal injury.
- Hyperventilation in deteriorating head trauma should only be done to maintain an EtCO₂ of 30-35.
- It is important to secure the advanced airway well and consider c-collar (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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