



E. AIRWAY MANAGEMENT: LARYNGEAL MASK AIRWAY WITH DESIGN TO FACILITATE HOSPITAL ENDOTRACHEAL INTUBATION

1. PURPOSE

To provide an alternative means of ventilating patients who cannot be intubated via direct laryngoscopy with a laryngeal mask airway device that also facilitates hospital placement of an endotracheal tube.

2. INDICATIONS

Inability to place an endotracheal tube in a patient who has no gag reflex (including patients who cannot be intubated following the administration of succinylcholine)

3. CONTRAINDICATIONS

- a) Responsive patients with an intact gag reflex
- b) Lack of an appropriately-sized device

4. POTENTIAL ADVERSE EFFECTS/COMPLICATIONS

- a) The laryngeal mask airway provides limited protection against the effects of regurgitation and aspiration.
- b) High airway pressures may divert gas to the atmosphere.

5. PROCEDURE

- a) Inspect all components of the laryngeal mask airway for damage.
- b) Select appropriately-sized laryngeal mask airway as per manufacturer specifications.
- c) Lubricate with water soluble jelly.
- d) Maintain cervical immobilization (if indicated) and lift tongue.
- e) Insert laryngeal mask airway to indicated depth.
- f) Inflate cuff as per manufacturer specifications.
- g) Ventilate and evaluate lung ventilation (breath sounds, absence of gastric sounds, chest rise, EtCO₂, oxygen saturation).
- h) Adjust cuff inflation and position as needed to obtain a seal of the airway.
- i) Once effective ventilation is confirmed, continue to monitor oxygen saturation and ventilate to desired EtCO₂ level.
- j) If unable to achieve adequate ventilation using the laryngeal mask airway, remove device, reinitiate BVM ventilation, and then attempt again. If unable to ventilate, consider obstructed airway maneuvers (if not yet performed) and refer to Cricothyroidotomy Protocol.