

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Airway Management

Overview: Managing a patient’s airway may be necessitated due to upper or lower airway obstruction, inadequate ventilation, impairment of the respiratory muscles, ventilation-perfusion mismatching, diffusion abnormalities, or impairment of the nervous system. Dyspnea often is associated with hypoxia.

INFORMATION NEEDED

- Scene survey
- Chief complaint
- History of foreign body airway obstruction, respiratory distress, etc. (see Primary Survey)
- Medical History (see Secondary Survey)

OBJECTIVE FINDINGS

- Mental status (AVPU)
- Airway patency (head-tilt chin lift OR modified jaw thrust for unconscious patient or if C-spine trauma is a possibility)
- Ventilatory status (rate and depth of respirations, work of breathing)
- Oxygenation and Circulatory status (pulse oximetry, vital signs)

TREATMENT

- Consider need for ALS intercept.
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA, Combitube)
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- BLS maneuvers to remove Foreign Body Airway Obstruction if indicated.
- Reassess ABC’s including oxygen saturation.
- Reassess BLS methods to maintain airway patency and good ventilation.
- Consider need for more advanced airway (Combitube).

Documentation of adherence to protocol:

- Airway patency documented
- If not patent, airway therapy documented
- Ventilatory status documented
- If inadequate, ventilatory therapy documented
- Oxygenation status documented
- If inadequate, oxygenation therapy documented
- Reassessment documented if therapy undertaken

Medical Control Contact Criteria

___* Contact Medical Control if any question arise regarding the best treatment options for the patient.
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PRECAUTIONS AND COMMENTS

- Utilize BLS methods for maintaining airway patency and good ventilations and reassess patient's oxygenation and ventilatory status BEFORE considering alternative airway methods.

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT - Paramedic**

SMO: Airway Management

Overview: Managing a patient's airway may be necessitated due to upper or lower airway obstruction, inadequate ventilation, impairment of the respiratory muscles, ventilation-perfusion mismatching, diffusion abnormalities, or impairment of the nervous system. Dyspnea often is associated with hypoxia.

INFORMATION NEEDED

- Scene survey
- Chief complaint
- History of foreign body airway obstruction, respiratory distress, etc. (see Primary Survey)
- Medical History (see Secondary Survey)

OBJECTIVE FINDINGS

- Mental status (AVPU)
- Airway patency (head-tilt chin lift OR modified jaw thrust for unconscious patient)
- Airway patency (head-tilt chin lift OR modified jaw thrust for unconscious patient or if C-spine trauma is a possibility)
- Oxygenation and Circulatory status (pulse oximetry, vital signs)

TREATMENT

- Assess airway patency utilizing adjuncts as indicated (OPA, NPA)
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- BLS maneuvers to remove Foreign Body Airway Obstruction if indicated
- Reassess ABC's including oxygen saturation
- Reassess BLS methods to maintain airway patency and good ventilation
- Consider need for advanced airway including:
 - OPA with BVM especially in Pediatrics **OR**
 - NPA with BVM **OR**
 - Combitube **OR**
 - Endotracheal Intubation **OR**
 - Nasotracheal Intubation
- Consider need for alternative airway adjuncts including:
 - Combitube
 - Needle Cricothyrotomy (reference Procedure)
 - Surgical Cricothyrotomy (reference Procedure)

Documentation of adherence to protocol:

- Airway patency documented
- If not patent, airway therapy documented
- Ventilatory status documented
- If inadequate, ventilatory therapy documented
- Oxygenation status documented
- If inadequate, oxygenation therapy documented
- Reassessment documented if therapy undertaken

Medical Control Contact Criteria

* Contact Medical Control if any question arise regarding the best treatment options for the patient.

PRECAUTIONS AND COMMENTS

- Utilize BLS methods for maintaining airway patency and good ventilations and reassess patient's oxygenation and ventilatory status BEFORE utilizing ALS advanced airway methods, particularly in pediatric patients. Benefits of intubation not demonstrated well in pediatrics.
- Needle cricothyrotomy and surgical cricothyrotomy is the airway of LAST RESORT when all other methods of establishing and maintaining the airway have been attempted and have failed.