Clinical Indications:
1. A patient who is unable to maintain their airway without assistance.

Procedure:
1. Position the patient to optimize airway opening and facilitate ventilations.
   a. Use the sniffing position with head extended (A) and neck flexed forward (B) unless there is a suspected spinal injury.
   b. Position with head/shoulders elevated; anterior ear should be at the same horizontal level as the sternal notch (C). This is especially advantageous in larger or morbidly obese patients.
2. Using a two-person technique is the preferred method to ventilate patients with a Bag-Valve-Mask (BVM).
   a. J – jaw thrust maneuver to open the airway.
   b. A – use a nasal or oral airway. Appropriately measure before placing airway adjunct.
   c. W – work together to ventilate the patient using a BVM. This should be done using two rescuers – one holding the mask to achieve an optimal seal and the other to deliver ventilations.
   d. S – slow and small ventilations to produce visible chest rise.

   It is required that the airway be monitored continuously through waveform capnography (ALS providers) and pulse oximetry.

Notes:
1. The goal of airway management is to ensure adequate ventilation and oxygenation. Initial airway management should always begin with BLS maneuvers.
2. Avoid excessive ventilation. In non-arrest patients, ventilation rates should be:
   a. Adults – 10/minute
   b. Children – 20/minute
   c. Infants – 30/minute