

# Airway: BLS Management

## Clinical Indications:

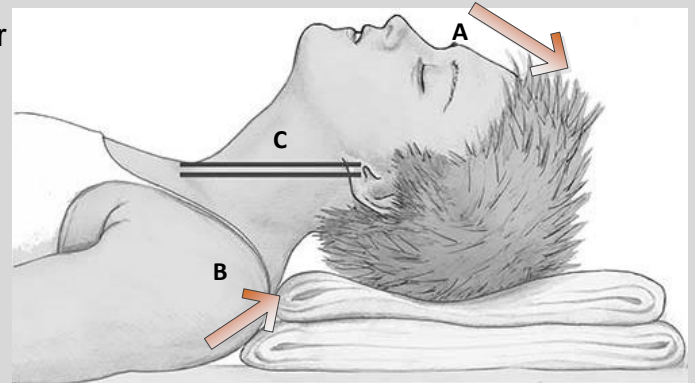
1. A patient who is unable to maintain their airway without assistance.

### Applies to:

<b>E</b>	EMT
<b>P</b>	Paramedic

## 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

