

Airway: BLS Management

Clinical Indications:

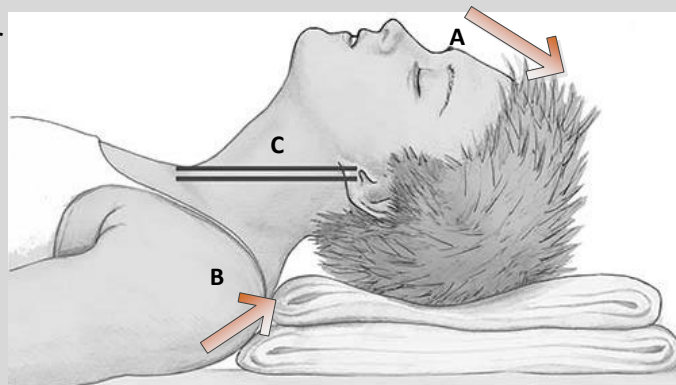
1. A patient who is unable to maintain their airway without assistance.

Applies to:

E	EMT
P	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

