COUNTY OF SAN MATEO
EMERGENCY MEDICAL SERVICES

POLICY NO:	PROC-5
DATE ISSUED:	4/1/2002
DATE REVISED:	7/2018
DATE TO BE REVIEWED:	7/2020

AIRWAY MANAGEMENT

Indications/Requirements

1. Any patient with ineffective or absent respirations
2. Completed video laryngoscopy training with successful skill check list mannequin, or
3. Completed cadaver training with video laryngoscopy device

Assessment

1. Respiratory rate, character and effectiveness of respiration
2. Oxygen saturation
3. Subjective and objective patient assessment
4. Apply oxygen as indicated by patient condition and reassess

Procedure for Ineffective OR Absent Respirations

1. Open the airway and maintain
    a. Mechanically open the airway if needed or put the patient in a position that supports airway maintenance
    b. Maintain the airway with an oral or nasal pharyngeal airway if the patient will tolerate the adjunct
2. Ventilate
    a. Manually ventilate the patient with bag-valve-mask ventilation for at least one minute
    b. If there is no improvement prepare to intubate the patient
3. Oral Intubation
    a. Determine if oral or nasal intubation is indicated based on patient's level of consciousness, age, and complaint
    b. Determine the appropriate size ET tube for the procedure
    c. Cardiac compressions should not be interrupted for more than 10 seconds for any reason
    d. Each attempt will be limited to 30 seconds
    e. Cardiac compressions shall continue during each intubation attempt
    f. No more than a total of three attempts shall be made to intubate the patient
4. With appropriate training, utilize VividTrac Video Intubation Device
    a. See VividTrac Video Intubation Device – Procedure 24
    b. Each video intubation attempt will be limited to 30 seconds
    c. Once the limit is reached, the paramedic will remove the device, the patient will be ventilated and the paramedic will re-evaluate technique and patient position

APPROVED:

Nancy A. Lapolla, MPH, EMS Director

Greg H. Gilbert, MD, EMS Medical Director

5. Maintain spinal immobilization during and after intubation attempts if indicated by the patient's condition
6. Cricoid pressure may be applied during endotracheal intubation attempts in adults
7. Secure the ET tube in place with an immobilization device or tape. If necessary maintain tube position manually
8. Verification of tube placement
9. Always verify placement of the tube by all of the following:
    a. Video laryngoscopy (esp. if direct laryngoscopy used to intubate)
    b. Bilateral auscultation of the lateral lungs fields
    c. Absence of gastric sounds
    d. Rise and fall of chest with ventilation
    e. Waveform capnography monitoring equipment ET CO2 numerical value must be documented every 5 minutes and a strip must be attached to the PCR
10. If there is any doubt in correct tube placement
    a. Verify the waveform and CO2 measurements using the waveform capnography monitor
    b. Visualize tube placement in the trachea if possible and take a photo or video
11. If unsuccessful in verifying tube placement remove the tube and ventilate at least one minute via bag-valve-mask
    a. An attempt to intubate is defined as placement of the video or direct laryngoscope in a patient's mouth with the intent to intubate
12. Document the tube size, cm's at teeth, and placement using the assessment criteria in above on the PCR
13. Reassessment and documentation shall occur at a minimum every 5 minutes to include but not limited to oximetry, capnography, assessment of lung sounds and tube placement
    a. Attach capnography strip to PCR
    b. If, at any time, capnography indicates that the tube is not in communication with the trachea, the airway must immediately be re-evaluated or removed and re-intubation attempted
    c. If placement is doubtful, evaluate using video laryngoscopy, reposition the tube or extubate the patient and re-intubate OR proceed to supraglottic OR Bay-Valve-Mask ventilation
14. Supraglottic Airway Device (SAD):
    a. The only approved SAD for San Mateo County is the King Airway
    b. Utilize Procedure 17 - King Airway for placement considerations.

Pediatric Considerations

1. Bag valve mask ventilation is the method of airway management in pediatric patients.