County of San Luis Obispo Public Health Department Division: Emergency Medical Services Agency

AIRWAY MANAGEMENT			
ADULT		PEDIATRIC (≤34 kg)	
BLS			
<ul> <li>Universal Protocol #601</li> <li>Administer O<sub>2</sub> as clinical symptoms indicate (see notes below)</li> <li>Pulse oximetry</li> <li>Patients with O<sub>2</sub> Sat ≥ 94% without signs or symptoms of hypoxia or respiratory compromise should not receive O<sub>2</sub></li> <li>When applying O<sub>2</sub> use the simplest method to maintain O<sub>2</sub> Sat ≥ 94%</li> <li>Do not withhold O<sub>2</sub> if patient is in respiratory distress</li> </ul>		•	Same as Adult (except for newborns)  Newborn (< 1 day) follow AHA guidelines –  Newborn Protocol #651
	S choking procedures ljuncts and suctioning as olerated		
BLS Elective Skills			
	Respiratory Distress		CPAP not used for patients ≤34 kg
CPAP as needed – CPAP procedure #703			
ALS Standing Orders  ■ Foreign Body/Airway Obstruction  ■ Foreign Body/Airway Obstruction			
If obstruction not remaneuvers  Visualize and remained Magill forceps  If obstruction procedure in the second of the securing and ETCO <sub>2</sub> – Carrell Figure 1. The second of the second o	emove obstruction with  persists, consider — yrotomy Procedure #704 airway monitor O <sub>2</sub> Sat apnography Procedure  etion — as indicated to peedure #717 — as indicated to control #718  by with symptoms of rax — Needle	•	If obstruction not relieved with BLS maneuvers  Visualize and remove obstruction with Magill forceps  If obstruction persists, consider – Needle Cricothyrotomy Procedure #704  Upon securing airway monitor O <sub>2</sub> Sat and ETCO <sub>2</sub> – Capnography Procedure #701  Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705
Base Hospital Orders Only			
flush. Give ora	lageal Obstruction IV followed by rapid I fluid challenge 60 sec heck a blood sugar prior	•	Symptomatic Esophageal Obstruction  O Glucagon 0.1mg/kg IV not to exceed  1mg followed by rapid flush. Give oral  fluid challenge 60 sec after admin -  check a blood sugar prior

Protocol #602

Effective Date: 06/01/2024

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As needed

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## **Notes**

- Oxygen Delivery
  - o Mild distress 0.5-6 L/min nasal cannula
  - Severe respiratory distress 15 L/min via non-rebreather mask
  - o Moderate to severe distress CPAP 3-15 cm H2O
  - Assisted respirations with BVM 15 L/min
- Pediatric intubation is no longer an approved ALS skill maintain with BLS options.
- Patients requiring an advanced airway, providers shall decide which ALS airway to utilize based on discretion.
- After placement of any advanced airway, providers shall verify placement of the advanced airway by waveform capnography and a minimum of one additional method. This additional method can be any of the following:
  - o Auscultation of lung and stomach sounds.
  - Colorimetric CO2 Detector Device.
  - o Esophageal Bulb Detection Device.