

AIRWAY MANAGEMENT	
ADULT	PEDIATRIC (<34 kg)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Administer O₂ as clinical symptoms indicate (see notes below) • Pulse oximetry • Patients with O₂ Sat ≥ 94% without signs or symptoms of hypoxia or respiratory compromise should not receive O₂ • When applying O₂ use the simplest method to maintain O₂ Sat ≥ 94% • Do not withhold O₂ if patient is in respiratory distress • Foreign Body/Airway Obstruction <ul style="list-style-type: none"> ○ Use current BLS choking procedures ○ Basic airway adjuncts and suctioning as indicated and tolerated 	<p style="text-align: center;">Same as Adult (except for newborns)</p> <ul style="list-style-type: none"> • Newborn (< 1 day) follow AHA guidelines – Newborn Protocol #651
BLS Elective Skills	
<ul style="list-style-type: none"> • Moderate to Severe Respiratory Distress <ul style="list-style-type: none"> ○ CPAP as needed – CPAP procedure #703 	<p style="text-align: center;">CPAP not used for patients ≤34 kg</p>
ALS Standing Orders	
<ul style="list-style-type: none"> • Foreign Body/Airway Obstruction If obstruction not relieved with BLS maneuvers <ul style="list-style-type: none"> ○ Visualize and remove obstruction with Magill forceps ○ If obstruction persists, consider – Needle Cricothyrotomy Procedure #704 ○ Upon securing airway monitor O₂ Sat and ETCO₂ – Capnography Procedure #701 • Endotracheal intubation – as indicated to control airway – Procedure #717 • Supraglottic Airway – as indicated to control airway– Procedure #718 • Needle thoracostomy with symptoms of tension pneumothorax or traumatic arrest with suspicion of chest trauma– Needle Thoracostomy Procedure #705 & Traumatic Cardiac Arrest Protocol #661 	<ul style="list-style-type: none"> • Foreign Body/Airway Obstruction If obstruction not relieved with BLS maneuvers <ul style="list-style-type: none"> ○ Visualize and remove obstruction with Magill forceps ○ If obstruction persists, consider – Needle Cricothyrotomy Procedure #704 ○ Upon securing airway monitor O₂ Sat and ETCO₂ – Capnography Procedure #701 • Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Symptomatic Esophageal Obstruction 	<ul style="list-style-type: none"> • Symptomatic Esophageal Obstruction

<ul style="list-style-type: none"> ○ Glucagon 1mg IV followed by rapid flush. Give oral <u>fluid</u> challenge 60 sec after admin - check a blood sugar prior ● As needed 	<ul style="list-style-type: none"> ○ Glucagon 0.1mg/kg IV not to exceed 1mg followed by rapid flush. ○ Give oral <u>fluid</u> challenge 60 sec after admin - check a blood sugar prior ● As needed
Notes	
<ul style="list-style-type: none"> ● Oxygen Delivery <ul style="list-style-type: none"> ○ Mild distress – 0.5-6 L/min nasal cannula ○ Severe respiratory distress – 15 L/min via non-rebreather mask ○ Moderate to severe distress – CPAP 3-15 cm H2O ○ Assisted respirations with BVM – 15 L/min ● 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: <ul style="list-style-type: none"> ○ Auscultation of lung and stomach sounds. ○ Colorimetric CO2 Detector Device. ○ Esophageal Bulb Detection Device. 	