

7.01 AIRWAY MANAGEMENT

BLS Treatment
• Assess circulation, airway patency, breathing, and responsiveness. • Assist ventilations with BVM and oxygen if indicated. • Pulse oximetry if training occurs and approved by Provider Medical Director. • BLS maneuvers to maintain patency, remove foreign body airway obstruction as indicated. • OPA or NPA as indicated. • Oxygen as indicated.
ALS Treatment
• For patients <8 years of age: ○ Laryngoscopy to remove foreign body airway obstructions. ○ Use of advanced airway interventions as indicated in the following order. No more than two total attempts at any one intervention before moving to an alternate approach. 1. Supraglottic Airway for patients ≥ 28 days old who cannot be adequately managed with BLS airway interventions. 2. If the above intervention is unsuccessful AND BLS ventilation is unsuccessful, may attempt Needle Cricothyrotomy with jet insufflation as the airway of last resort. • For patients ≥8 year of age: ○ Laryngoscopy to remove foreign body airway obstructions. ○ Use of Continuous Positive Airway Pressure as indicated. ○ Use of advanced airway interventions as indicated in the following order. No more than two total attempts at any one intervention before moving to an alternate approach. 1. Supraglottic Airway 2. Oral Endotracheal Intubation 3. If both above interventions are unsuccessful AND BLS ventilation is unsuccessful, may attempt Needle Cricothyrotomy with jet insufflation as the airway of last resort.

SAN FRANCISCO EMS AGENCY
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Notes
• Video laryngoscopy may be used in conjunction with oral endotracheal intubation if approved by the Medical Director. • Must obtain and document End Tidal CO₂ for initial advanced airway placement and continuous monitoring of advanced airways (see protocol 7.02 Oral Endotracheal Intubation Procedure #16). • Any airway intervention not following the above treatment sequence requires rationale documented within the first response documentation and/or patient care report. • Target O₂ saturation 94-95%. • Target End Tidal CO₂ is 35-45 mmHg
FOR VIDEO LARYNGOSCOPY TRAINED PERSONNEL ONLY
• Video laryngoscopy may be used as the first line ALS airway intervention, superseding the supraglottic airway attempts above, under the following conditions: ○ The skill is performed by a Paramedic who has successfully completed the EMS Agency-approved airway training course. ○ A BLS airway is established. ○ Chest Compressions are not interrupted during use of the device. • Under no circumstances shall a successfully placed ALS airway device be removed to perform video laryngoscopy. Removal of a successfully established ALS airway device, confirmed using appropriate verification methods, with subsequent video laryngoscopy is a mandatory reporting event and an Exception Report shall be filed to the EMS Agency per policy. • Video laryngoscopy may be used to confirm placement of an endotracheal tube.