



Adult, Failed Airway

Unable to Ventilate and Oxygenate $\geq 90\%$ during or after one (1) or more unsuccessful intubation attempts.

Anatomy inconsistent with continued attempts.

Three (3) unsuccessful attempts by most experienced EMT-P/I.

Each attempt should include change in approach or equipment

NO MORE THAN THREE (3) ATTEMPTS TOTAL

Protocols 1, 2 and 3 should be utilized together (even if agency is not using RSI) as they contain very useful information for airway management.

Call for additional resources if available

Failed Airway

BVM
Adjunctive Airway
Maintains SpO₂ $\geq 90\%$

YES

Continue BVM
Supplemental Oxygen

Exit to
Appropriate Protocol

NO

Significant Facial
Trauma / Swelling /
Distortion

YES

P Airway Cricothyrotomy
Surgical Procedure

P Continue Ventilation /
Oxygenation
Maintain SpO₂ $\geq 90\%$

NO

B Airway BIAD Procedure

BIAD Successful

NO

YES

Continue Ventilation / Oxygenation
Maintain SpO₂ $\geq 90\%$
EtCO₂ 35 – 45
Ventilate 8 – 10 breaths / minute

**Notify Destination or
Contact Medical Control**

Adult General Section Protocols

Protocol 3

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS



Adult, Failed Airway

Pearls

- **If first intubation attempt fails, make an adjustment and then consider:**
 - Different laryngoscope blade / Video or other optical laryngoscopy devices
 - Gum Elastic Bougie
 - Different ETT size
 - Change cricoid pressure. Cricoid pressure no longer routinely recommended and may worsen view.
 - Apply BURP maneuver (Push trachea Back [posterior], Up, and to patient's Right)
 - Change head positioning
- Continuous pulse oximetry should be utilized in all patients with an inadequate respiratory function.
- Continuous EtCO₂ should be applied to all patients with respiratory failure or to all patients with advanced airways.
- **Notify Medical Control AS EARLY AS POSSIBLE about the patient's difficult / failed airway.**

Protocol 3

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