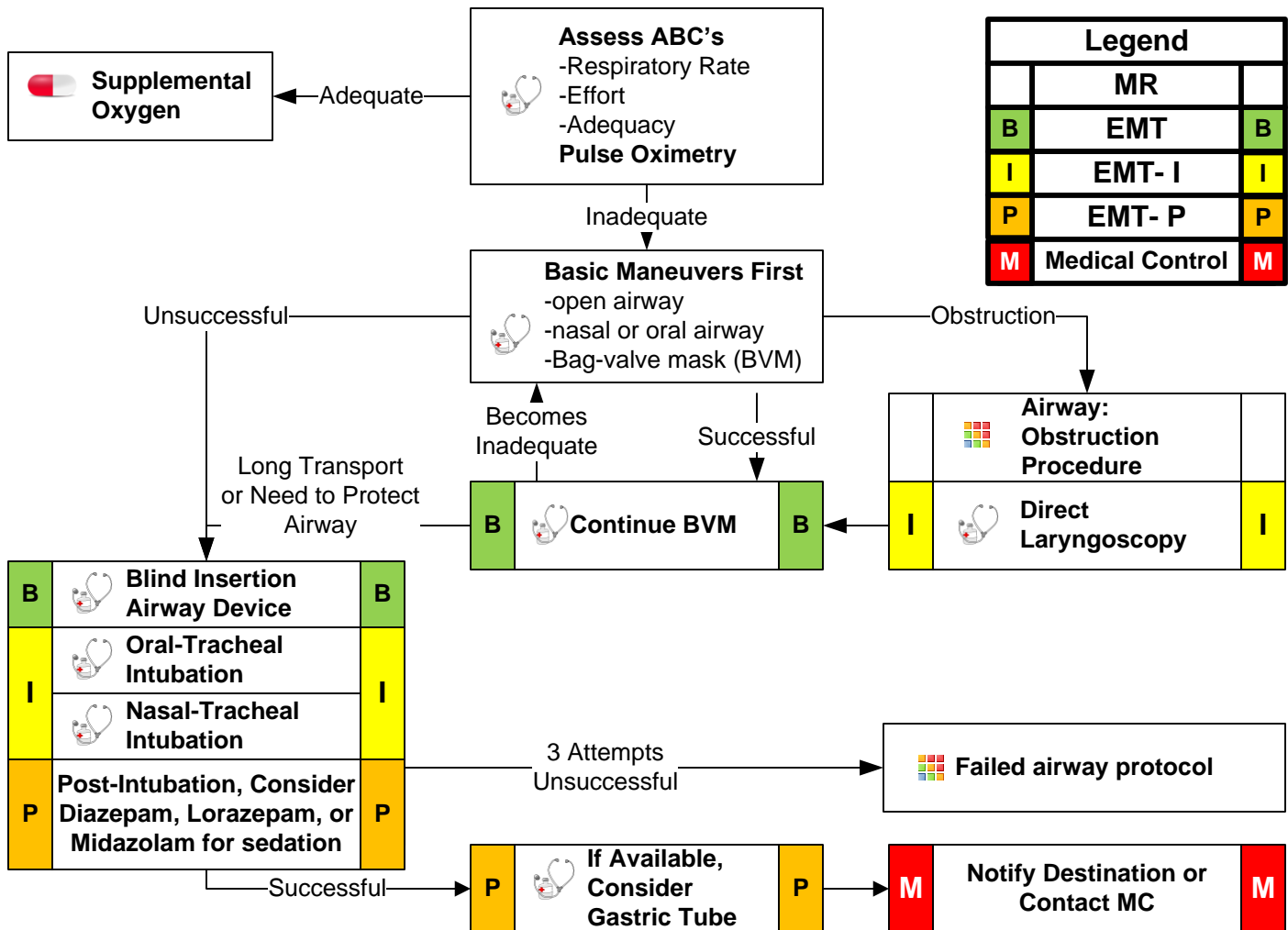


# Airway, Adult



General Protocols

## Pearls

- This protocol is only for use in patients with an Age > 12 or patients longer than the Broselow-Luten Tape.
- Capnometry (Color) or capnography is mandatory with all methods of intubation. Document results.
- **Continuous capnography (EtCO<sub>2</sub>) is strongly recommended for the monitoring of all patients with a BIAD or endotracheal tube.**
- **If an effective airway is being maintained by BVM with continuous pulse oximetry values of > 90, it is acceptable to continue with basic airway measures instead of using a BIAD or Intubation.**
- **For the purposes of this protocol a secure airway is when the patient is receiving appropriate oxygenation and ventilation.**
- **An Intubation Attempt is defined as passing the laryngoscope blade or endotracheal tube past the teeth or inserted into the nasal passage.**
- **Ventilatory rate should be 6-10 per minute to maintain a EtCO<sub>2</sub> of 35-45. Avoid hyperventilation.**
- **It is strongly encouraged to complete an Airway Evaluation Form with any BIAD or Intubation procedure.**
- Paramedics should consider using a BIAD if oral-tracheal intubation is unsuccessful.
- Maintain C-spine immobilization for patients with suspected spinal injury.
- Do not assume hyperventilation is psychogenic - use oxygen, not a paper bag.
- Sellick's and **or BURP** maneuver should be used to assist with difficult intubations.
- Hyperventilation in deteriorating head trauma should only be done to maintain a EtCO<sub>2</sub> of 30-35.
- Gastric tube placement should be considered in all intubated patients if available.
- It is important to secure the endotracheal tube well and consider c-collar to better maintain ETT placement.

## Protocol 1

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

2009