Airway, Adult

**Supplemental Oxygen**

- Respiratory Rate
- Effort
- Adequacy
- Pulse Oximetry

**Basic Maneuvers First**
- Open airway
- Nasal or oral airway
- Bag-valve mask (BVM)

**External Airways**

- Blind Insertion Airway Device
- Oral-Tracheal Intubation
- Nasal-Tracheal Intubation
- Post-Intubation, Consider Diazepam, Lorazepam, or Midazolam for sedation

**Adequate**

- Continue BVM
- Become Inadequate
- Successful

**Unsuccessful**

- Long Transport or Need to Protect Airway
- Obstruction

**Failed airway protocol**

- Notify Destination or Contact Medical Control

**3 Attempts Unsuccessful**

- If Available, Consider Gastric Tube
  - Successful

**Legend**

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**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 (EtCO2) 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 EtCO2 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 BURP maneuver should be used to assist with difficult intubations.
- Hyperventilation in deteriorating head trauma should only be done to maintain a EtCO2 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.