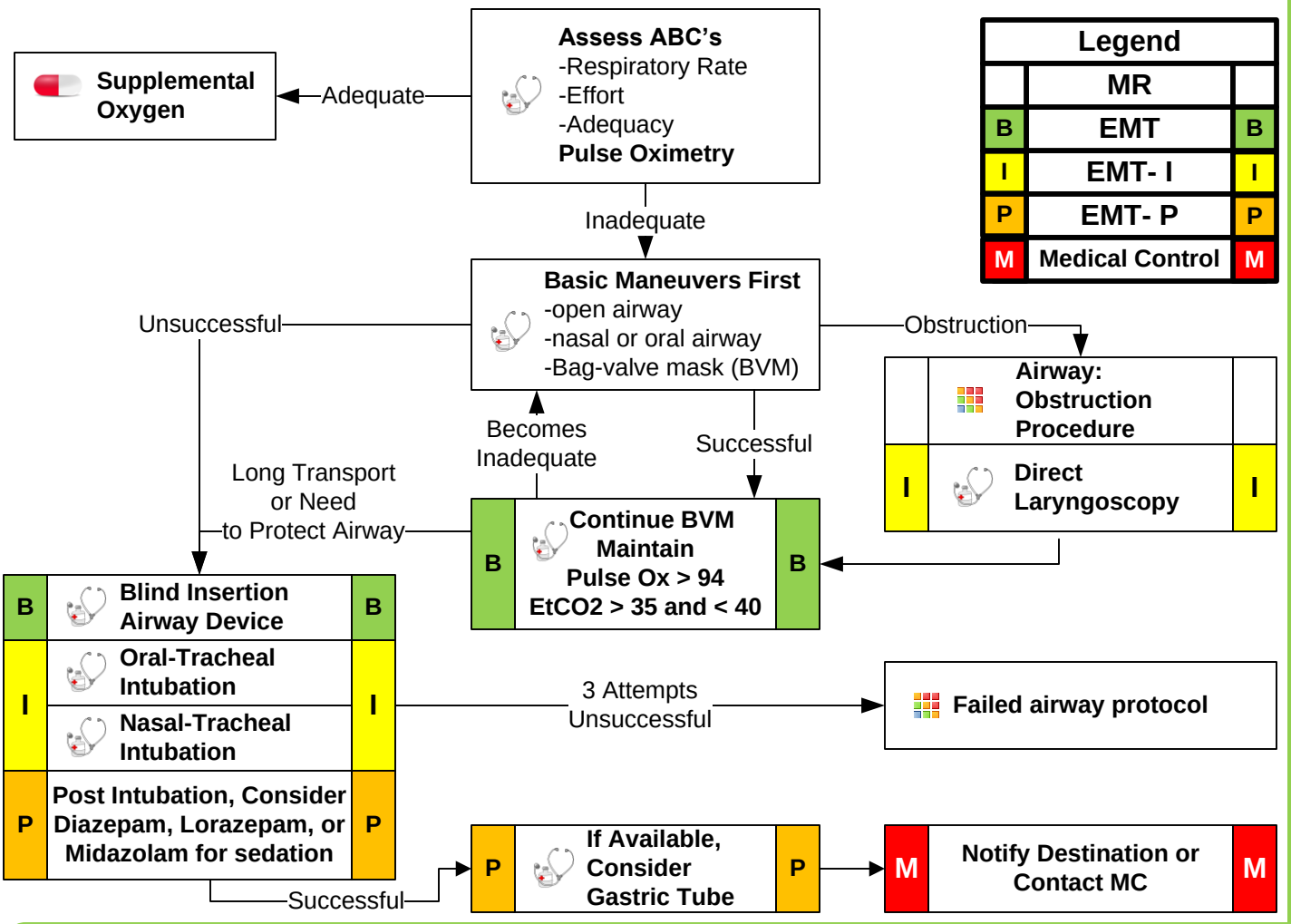
Airway, Pediatric



General Protocols

Pearls

- **For this protocol, pediatric is defined as less than 12 years of age or any patient which can be measured within the Broselow-Luten tape.**
- **Capnometry (color) or capnography is mandatory with all methods of intubation. Document results.**
- **Continuous capnography (EtCO2) is strongly recommended with BIAD or endotracheal tube use.**
- **If an effective airway is being maintained by BVM with continuous pulse oximetry values of > 94, 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 30 for Neonates, 25 for Toddlers, 20 for School Age, and for Adolescents the normal Adult rate of 12 per minute. Maintain a EtCO2 between 30 and 35 and 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 pCO_2 of 30-35.
- Gastric tube placement should be considered in all intubated patients.
- It is important to secure the endotracheal tube well and consider c-collar to better maintain ETT placement.