If first intubation attempt fails, make an adjustment and then try again:
- Different laryngoscope blade
- Gum Elastic Bougie
- Different ETT size
- Change cricoid pressure
- Apply BURP maneuver (Push trachea Back [posterior], Up, and to patient’s Right)
- Change head positioning

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 an ETCO2 between 35 and 35 and avoid hyperventilation.

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.

Pearls

Legend

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General Protocols

Airway, Pediatric-Failed