

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 03/01/13  
Supersedes: 01/01/11

Protocol: P-004

## AIRWAY MANAGEMENT

### SUBJECTIVE FINDINGS

- Scene survey.
- Chief complaint.
- History of foreign body airway obstruction, respiratory distress, etc. (see Primary Survey).
- Medical History (see Secondary Survey).

### OBJECTIVE FINDINGS

- Mental status (AVPU).
- Airway patency (head-tilt chin lift or modified jaw thrust for unconscious patient).
- Ventilatory status (rate and depth of respirations, work of breathing).
- Oxygenation and Circulatory status (pulse oximetry, vital signs).

BLS Treatment	ALS Treatment
<ul style="list-style-type: none"><li>• Assess airway patency utilizing adjuncts as indicated (OPA, NPA)</li><li>• Oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or 100% high flow via nonrebreather mask (10-15 L/min) if indicated.</li><li>• Assist ventilations with BVM and 100% oxygen if indicated.</li><li>• BLS maneuvers to remove Foreign Body Airway Obstruction if indicated</li></ul>	<ul style="list-style-type: none"><li>• Reassess ABC's including oxygen saturation</li><li>• Reassess BLS methods to maintain airway patency and good ventilation</li><li>• Consider need for Continuous Positive Airway Pressure (CPAP) see Protocol (P-004.7)</li><li>• Consider need for advanced airway including: Endotracheal Intubation OR Nasotracheal Intubation</li><li>• Consider need for alternative airway adjuncts including: Supraglottic Airway Needle Cricothyrotomy with jet insufflation</li></ul>

### DOCUMENTATION

- Airway patency documented. If not patent, airway therapy documented.
- Ventilatory status documented. If inadequate, ventilatory therapy documented.
- Oxygenation status documented. If inadequate, oxygenation therapy documented.
- Reassessment documented if therapy undertaken.

### PRECAUTIONS AND COMMENTS

- The King Laryngeal Tube (King LT) is the Supraglottic Airway approved by the EMS Medical Director. The Supraglottic airway is the preferred advanced life support airway when one is necessary for cardiac arrest patients.
- Utilize BLS methods for maintaining airway patency and good ventilations and reassess
- Patient's oxygenation and ventilatory status BEFORE utilizing ALS advanced airway methods.

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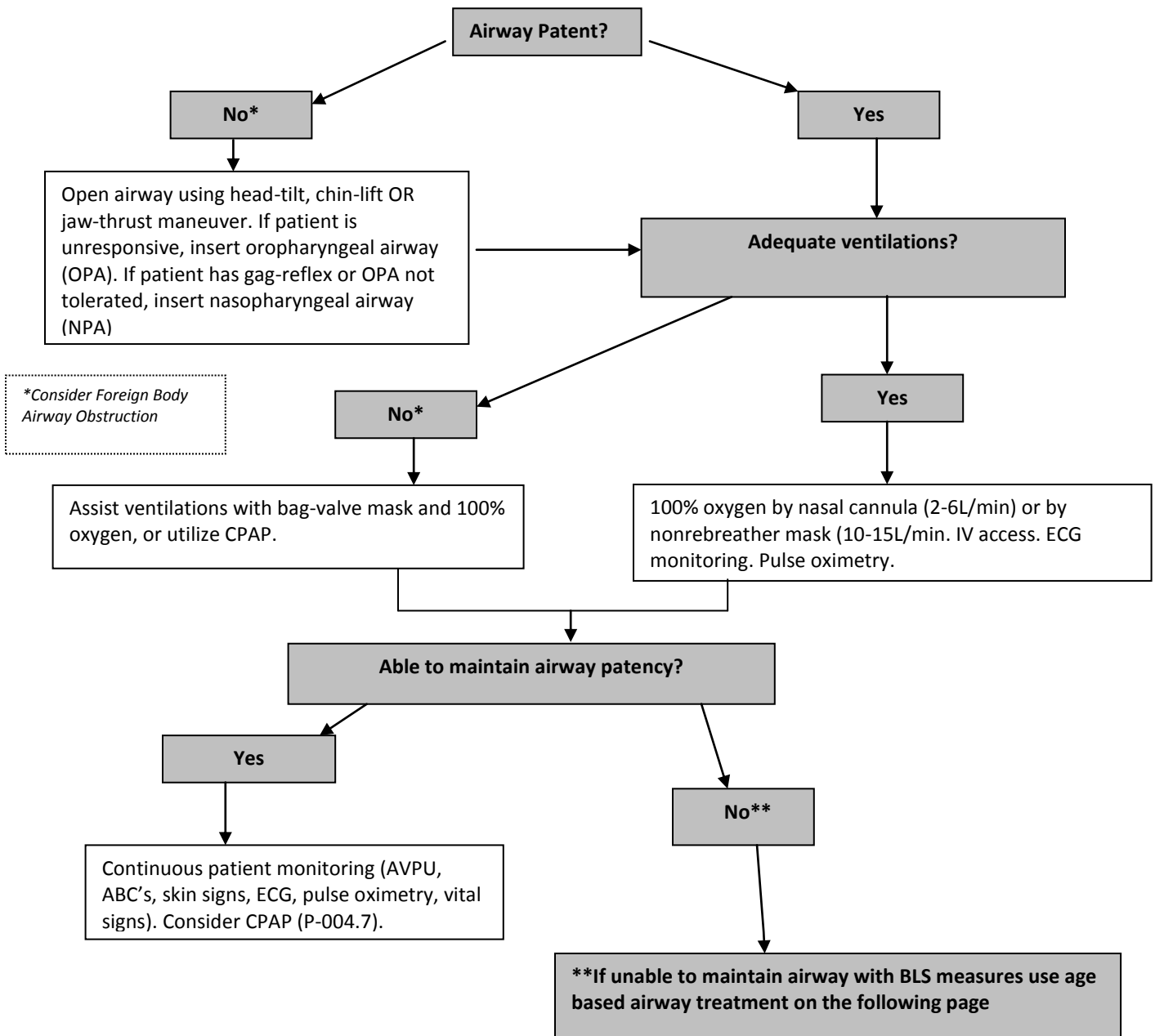
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See attached flow diagram and associated EMS Agency Policies on airway management techniques.

- Needle cricothyrotomy with jet insufflation is the airway of LAST RESORT when all other methods of establishing and maintaining the airway have been attempted and have failed.

## AIRWAY TREATMENT PATHWAY

Scene Size-Up and Body Substance Precautions  
Initial Assessment



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## AGE-BASED AIRWAY TREATMENT

### **Between 0 & 8 years:**

- Laryngoscopy to remove foreign body (if indicated).
- If successful, BLS airway.
- BVM is the preferred method for airway management in the pediatric population.
- Supraglottic King Airway is now an option for airway management in older pediatric patients who are not adequately managed with BVM alone.

### **Between 8 & 15 years:**

- Oral ETT.
- If successful, ventilate with ETT.

### **12 years old or Greater**

- CPAP.

### **Greater than 15 years**

- Oral ETT (preferred) or Nasal ETT.
- If successful, ventilate with ETT.
- If unsuccessful, return to BVM or use Supraglottic Airway.
- Supraglottic Airway may be used initially.