

SAEMS PREHOSPITAL PROTOCOLS
Airway Management Procedure Protocol

Inclusion (must meet all of the following):

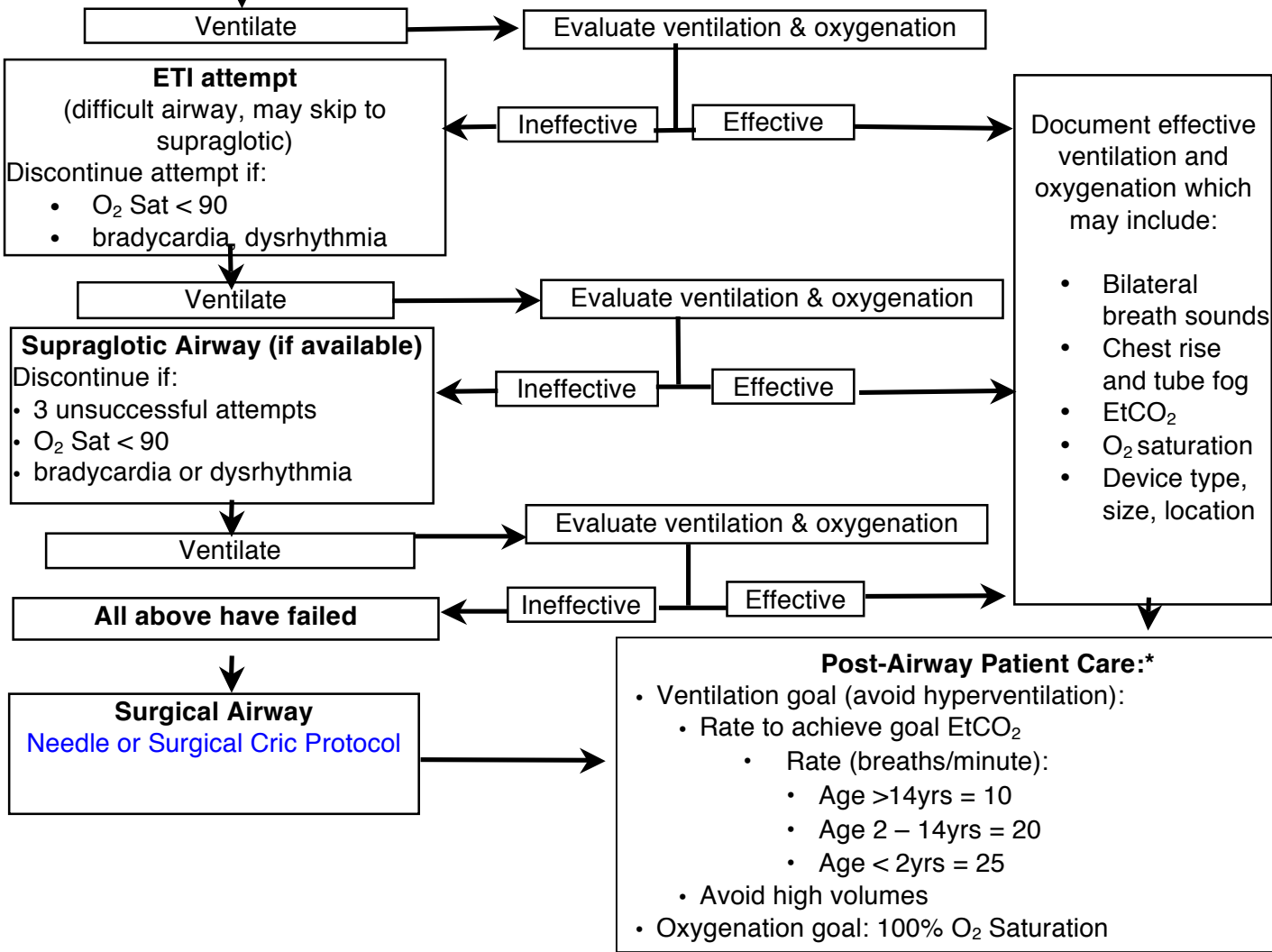
- Apnea or Respiratory Failure
- Inability to protect airway
- Hypoxia (O₂ Sat < 90) unresponsive to high flow O₂

BVM

- Place OPA or NPA
- BVM ventilation

Treat reversible causes of airway compromise such as:

- Hypoglycemia
- Postictal state
- Opiate overdose
- Airway Obstruction



Special Notes

- Ventilation goals provided are for cardiac arrest and trauma patients. Other patients (egs. asthma, pneumonia, metabolic acidosis) should be ventilated at a target rate for the specific disease process. Use of pressure control bags and early mechanical ventilation are optimal.
- Oxygenation: High flow O₂ for 100% saturation
- SGA – supraglottic airways – these airways include: combi-tubes, LMA, King airways, etc.

* Multiple studies have demonstrated that appropriate post-procedure ventilation is critical to achieve the best patient outcomes. The focus of airway management should not be ETI but rather effective ventilation and oxygenation.