### Airway Management Procedure Protocol

**Inclusion (must meet all of the following):**
- Apnea or Respiratory Failure
- Inability to protect airway
- Hypoxia ($O_2$ Sat < 90) unresponsive to high flow $O_2$

**BVM**
- Place OPA or NPA
- BVM ventilation

**Treat reversible causes of airway compromise such as:**
- Hypoglycemia
- Opiate overdose
- Postictal state
- Airway Obstruction

**ETI attempt**
(difficult airway, may skip to supraglottic)
Discontinue attempt if:
- $O_2$ Sat < 90
- Bradycardia, dysrhythmia

**Supraglottic Airway (if available)**
Discontinue if:
- 3 unsuccessful attempts
- $O_2$ Sat < 90
- Bradycardia or dysrhythmia

**Surgical Airway**
Needle or Surgical Cric Protocol

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**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 $O_2$ 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.*

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