



MILWAUKEE COUNTY
OFFICE OF EMERGENCY MANAGEMENT
Emergency Medical Services Division
Numbered Notice

Number: 17-01
Date: January 9, 2017
From: M. Riccardo Colella, DO, MPH, FACEP
Section: Medical Services
To: All MCEMS Providers and affiliated fire department agencies (EMT, EMT-1, and EMTP)
Subject: The Pragmatic Airway Resuscitation Trial Initial Airway Insertion Change-January 27, 2017 at 0700
Purpose: Directive

PART will be changing the first choice advanced airway device for adult, medical cardiac arrest from the King airway to an endotracheal tube **on January 27, 2017 at 0700.**

All EMTs and EMT-Is are directed to use a BVM with OPA/NPA to manage ventilations during adult, medical cardiac arrest; paramedics will utilize an endotracheal tube as the first choice advanced airway unless anatomic difficulties are encountered.

In the event of a failed endotracheal tube insertion, any licensed provider may insert the King airway or continue with BVM if a King is not able to be inserted.

All other types of cardiac arrest (traumatic or pediatric) may use any appropriate advanced airway outlined in the Standards and Practice Manual.

Please review attached PART protocol.

The Resuscitation Research Center staff will begin visiting stations on 01/16/2017 to distribute new ZOLL tags and provide a brief protocol refresher; follow-up phone calls will continue until start date as needed.

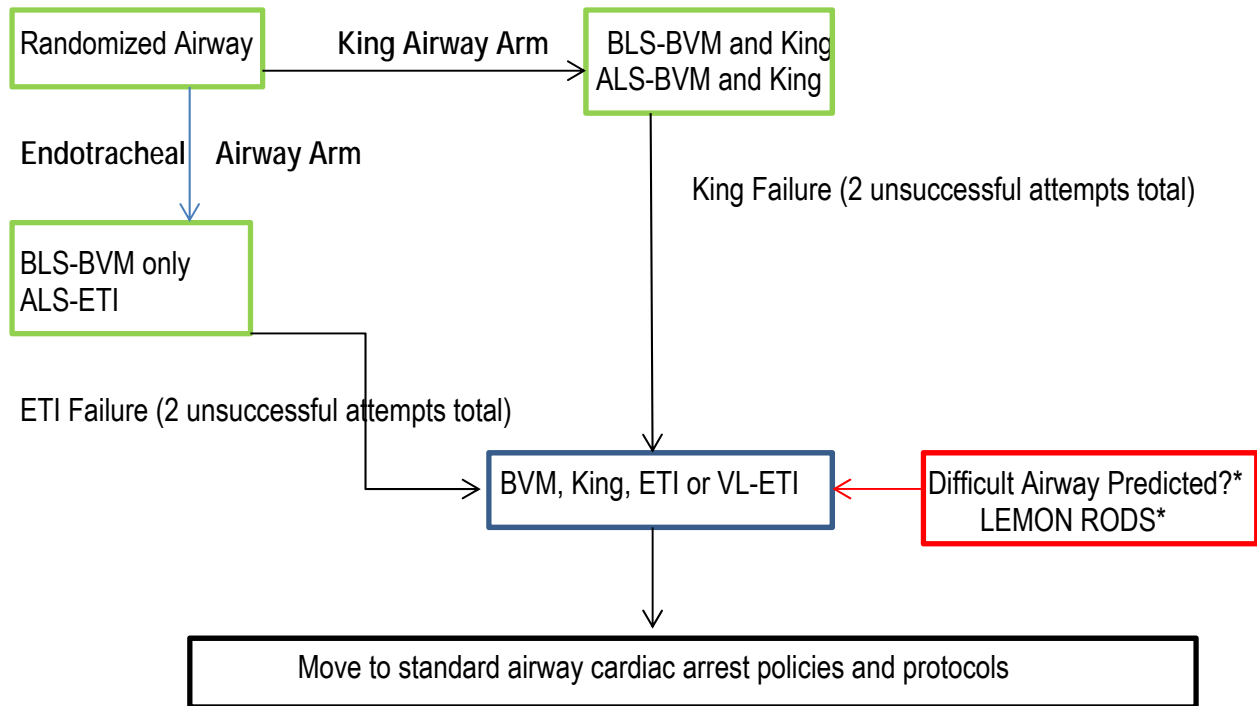
Please continue to call the RRC study team to report all treated PNBs and DOAs per routine policy.

Initiated: 08/15/2015
 Completed:
 Revised:

MILWAUKEE COUNTY EMS
 Pragmatic Airway Research Trial
 RESEARCH PROTOCOL

Approved by: M. Riccardo Colella, DO, MPH, FACEP
 WI EMS Approval Date:
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Primary Objective	Eligibility	Exclusion Criteria
The objective is to compare the effectiveness of primary (initial) endotracheal intubation (ETI) versus primary (initial) laryngeal tube (LT) airway management strategies upon 72-hour survival after out-of-hospital cardiac arrest (OHCA).	<ul style="list-style-type: none"> • Adult ≥18 years • MEDICAL (non-traumatic) out-of-hospital cardiac arrest (OHCA) • Requiring BVM ventilation 	<ul style="list-style-type: none"> • Wearing opt-out bracelet/necklace • Major facial trauma • Major bleeding or exsanguination • ET or King placed prior to MECMS arrival • Pre-existing tracheostomy • Obvious asphyxia cause of arrest • Written DNR • Known prisoner • Known pregnancy • Inter-facility transport • Initial care by non-PART/MCEMS agency



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WI EMS Approval Date:

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NOTES:

- If feasible, read the verbal script to subject or family in order to give an opportunity to decline enrollment. "Feasible" is defined as presence of patient family or legal representative on scene, and paramedic can take the time to read the verbal script without compromising patient care.
- Call Research Hotline at 414.805.6493 for enrollment after every medical OHCA
- *Difficulty Airway Prediction Tool mnemonics (intubation-LEMON) and (King-RODS)
- Predicted difficult airway technically is enrolled but EMS can move directly to airway tool of choice

Difficult endotracheal tube insertion = *LEMON	Difficult King Insertion = *RODS
<ul style="list-style-type: none"> • Look externally • Evaluate 3-3-2 rule • Mallampati score • Obstruction • Neck Mobility 	<ul style="list-style-type: none"> • Restricted mouth opening • Obstruction • Distorted airway • Stiff lungs or c-spine

THE LEMON LAW

EVALUATION CRITERIA
L = Look externally Facial trauma Large incisors Beard or mustache Large tongue
E = Evaluate the 3-3-2 rule Incisor distance—3 fingerbreadths Hyoid-mental distance—3 fingerbreadths Thyroid-to-mouth distance—2 fingerbreadths
M = Mallampati (Mallampati score >3)
O = Obstruction (presence of any condition such as epiglottitis, peritonsillar abscess, trauma)
N = Neck mobility (limited neck mobility)