



**Respiratory - Airway**  
**AIRWAY MANAGEMENT**  
**Practice Guideline**

**Patient Care Goals**

1. Recognize and alleviate respiratory distress
2. Effective oxygenation/ventilation via support interventions

**Patient Presentation:**

Inclusion Criteria

Signs of severe respiratory distress or failure  
Patients with hypoxemia or hypoventilation

Exclusion Criteria

Patients who improve w/supplemental O2-other interventions

**Treatment**

CPAP for moderate to severe respiratory distress  
NPA/OPA for anyone with impaired protective reflexes  
BVM for hypoventilation or respiratory failure; insert 2 NPA's  
Apply P.E.E.P. for patients without exclusions

**DO NOT DELAY cricothyrotomy if unable to quickly clear obstruction**

**Advanced Airway Management:**

Pre & Post waveform capnography as soon as available  
If airway is inserted without immediate access to waveform capnography, utilize colorimetric CO2 detector until capnography becomes available  
Do not interrupt CPR more than 10 seconds

Choose best advanced airway for patient based on provider skill level, patient presentation, available equipment, and etiology of arrest:

- **OEM-Approved Supraglottic Airway (SGA)**
  - Indicated when intubation is anticipated to be difficult due to patient access or poor anatomy
  - **Not indicated in resp failure due to airway obstruction**
- **Video Assisted Endotracheal Intubation (VL ETT)**
  - Indicated when suspected etiology of sudden cardiac arrest is bronchospasm, poor lung compliance (drowning, pulmonary edema), angioedema, or airway obstruction
  - Move to SGA after two unsuccessful attempts

**Trach/stoma patients: ventilate via existing trach tube or insert endotracheal tube through stoma per skill sheet**

**Troubleshooting:**

On initial insertion of VL ETT during early resuscitation of a viable SCA (VF, VT, PEA)—if tube is incorrectly positioned—remove immediately and resume airway management

**\*NOTE:** A gradual decline in capnography suggests a patient is not responding to resuscitation (or possible provider fatigue). A sudden loss of capnography suggests airway dislodgement or ventilation failure (DOPE-dislodgement, obstructed, pneumothorax, equipment). Remove advanced airway immediately & resume airway management.

**Patient Safety Considerations**

Capnography is a critical safety tool  
Consider advanced airway in unresponsive trauma pts with compromised airway protection and/or GCS ≤8 based on pt indicators (able to open pts mouth, absent gag reflex/ tolerates NPA OPA or suction, provider judgment)

**Quality Improvement:**

Key Documentation Elements  
EtCO2 waveform capnography trends  
EtCO2 colorimetric confirmation until capnography is available

**Performance Measures**

1. VL for all endotracheal intubation attempts
2. EtCO2 within 3 mins of capable unit arrival (includes BVM)
3. Pre/Post intubation capnography
4. Ventilation rate

