Respiratory - Airway
AIRWAY MANAGEMENT
Practice Guideline

Patient Care Goals
1. Recognize and alleviate respiratory distress
2. Provide effective oxygenation and ventilation through 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 & OPA when using BVM to assist effective ventilations.

Advanced Airway Management:

• OEM-Approved Supraglottic Airway (SGA)

Preferred airway for uncomplicated, sudden cardiac arrest, especially when intubation is anticipated to be difficult due to patient access or poor anatomy.
Pre & Post waveform continuous capnography is required.
If SGA is inserted without immediate access to waveform capnography, a colorimetric CO2 detector is required after insertion until capnography becomes available.

• Video Assisted Endotracheal Intubation

Preferred airway when sudden cardiac arrest is suspected to result from bronchospasm (asthma), poor lung compliance (pulmonary edema, drowning) or angioedema.
Pre & Post waveform continuous capnography is required.
If pre-insertion waveform capnography is not working for any reason-you should not attempt video assisted ET intubation
Video assisted endotracheal intubation should not interrupt CPR more than 10 seconds
Video assisted endotracheal intubation should not be attempted more than twice before moving to SGA

Troubleshooting:

On initial insertion of VL ET tube during early resuscitation of a viable SCA (VF, VT, PEA), 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 capno available
Clinical indications if ET is used

Performance Measures

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