



**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.

Patient Management:
King Airway
 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 King is inserted by an agency 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 the 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 King airway.

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.
 A sudden loss of numeric & waveform capnography during resuscitation highly suggests ET tube is incorrectly inserted or dislodged—remove immediately & resume airway mgmt.
 *NOTE: A gradual decline in capnography suggests a patient is not responding to resuscitation. A sudden loss of capnography suggests airway dislodgement or ventilation failure (DOPE-dislodgement, obstructed, pneumothorax, equipment).

Patient Safety Considerations
 Capnography is a critical safety tool

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 and Post intubation capnography
 4. Ventilation rate

