



SALAD Airway—SGA

EMT-Basic

Advanced EMT

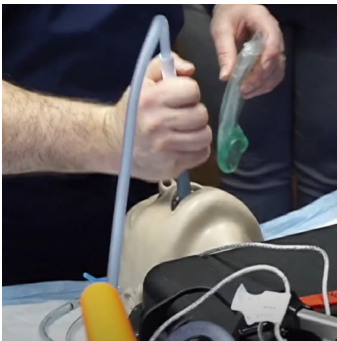
Paramedic

NEW

PROCEDURE

- 1) Grip the rigid suction catheter (RSC) in either hand, held in an over-hand fashion (similar to a laryngoscope blade) so that the curve of the RSC mirrors the curve of the structures of the upper airway.
- 2) Utilize the RSC to displace the tongue and lower jaw in order to maximize space for supraglottic airway (SGA) delivery.
- 3) Insert the RSC into the mouth and swept from side to side, continuously suctioning as it is advanced just ahead of the SGA around the base of the tongue under direct visualization (fig. 1).
- 4) Continue advancing both the RSC and SGA until the SGA reaches appropriate depth (fig. 2).
- 5) Withdraw the RSC.
- 6) Advance the RSC into the SGA's ventilation opening until resistance is felt (fig. 3).
- 7) Use a gloved hand to create a seal at the opening of the SGA around the RSC, removing any contaminants remaining in the airway. If ineffective, use a large bore soft suction catheter (fig. 4).
- 8) Withdraw the RSC and secure SGA.

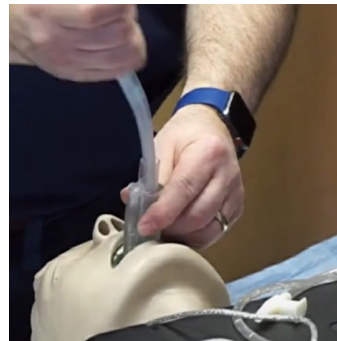
REFERENCE GRAPHICS



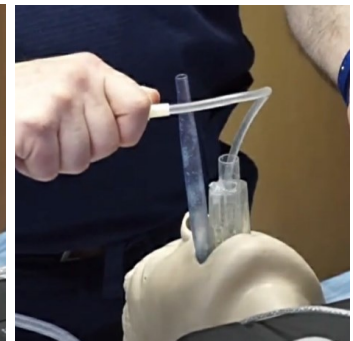
(1)



(2)



(3)



(4)

INDICATION

- Presence of, or potential for, copious secretions, blood, or emesis in the airway.

KEY POINTS

- SALAD technique can help prevent or minimize aspiration during emergency airway management.
- SALAD technique can help facilitate delivery of supraglottic airways. Displacing the tongue with the suction catheter can help create space for introduction of the SGA.
- This procedure can be utilized on all advanced airways with step 7 being performed when clinically indicated.

SALAD - SGA



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