

Monterey County EMS System Policy



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AIRWAY MANAGEMENT

I. PURPOSE

To establish procedures for Monterey County Emergency Medical prehospital personnel in the management of adult and pediatric airways.


II. POLICY

- A. Management of the patient's airway is to follow the guidance contained in this policy
- B. The airway should be managed with the least invasive procedure that is adequate to maintain an open airway and allows adequate pulmonary ventilation. End-Tidal CO₂ reading should be less than 60 (when capnography is used) to ensure adequate pulmonary ventilation.
- C. BLS personnel trained to the First Responder or EMT level may utilize suctioning, nasal-pharyngeal and oral-pharyngeal airways, and bag-valve-mask devices to provide ventilation and airway maintenance.
- D. ALS personnel may use all approved BLS methods and equipment, laryngoscopy, magill forceps, endotracheal tubes, and King Airways, to provide ventilation and airway management.
- E. Correct placement of an endotracheal tube or King Airway must be confirmed by auscultation for the presence of lung sounds and the absence of epigastric sounds, and through the use of capnography.
- F. No more than 2 attempts at endotracheal intubation shall be made on any patient without base hospital physician approval.
- G. No more than 2 attempts at placement of the King Airway shall be made on any patient without base hospital physician approval.
- H. ALS Service Providers shall report the number of intubation and King Airway attempts, successful intubations and King Airway placements, on a monthly basis to the EMS Medical Director. Nasotracheal intubation is not an approved skill in Monterey County.
- I. Attempts at endotracheal intubation or King Airway placement should not take longer than 30 seconds. CPR, if being performed should not be interrupted for longer than 15 seconds for tube placement.
- J. Methods to confirm endotracheal tube or King Airway placement are to be documented on the PCR.
- K. A cervical collar should be placed after endotracheal intubation to help limit head movement and possible tube displacement.

III. PROCEDURE

- A. See Protocol R-1 Airway Management for adult patients
- B. See Protocol RP-1 Airway Management-Pediatric for pediatric patients

END OF POLICY


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