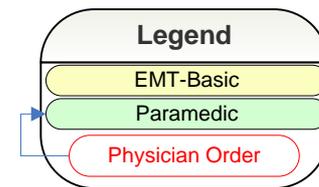


Key Largo EMS Airway Rescue Protocol

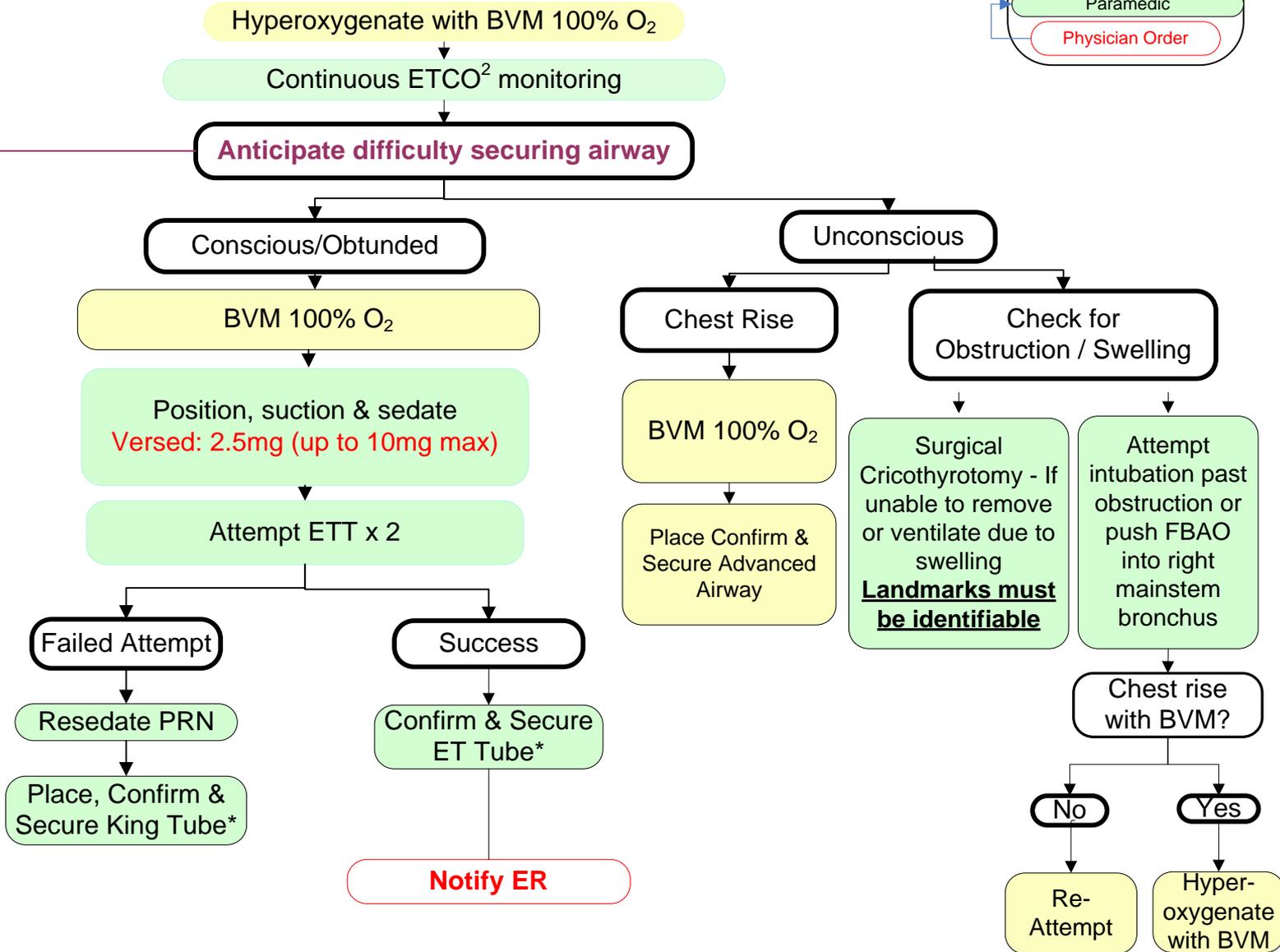
(Airway Management Protocol followed & patient determined to have **"INADEQUATE VENTILATION"** and/or an endangered / difficult airway)



- Endangered Airway**
- Bloody Airway
 - Vomitus
 - Caustic Inhalation
 - Burns – Thermal, Chem
 - Anaphylaxis
 - FBAO
 - Trauma – Neck/Facial
 - Paralysis
 - Severe Chest Trauma

- Difficult Airway Criteria**
- Small Chin
 - Short Neck
 - Big Teeth
 - Big Tongue
 - Bloody Airway
 - Neck Injury
 - Swelling Airway/Tongue
 - Combative
 - Poor Mallampati
 - Failed 3-3-2 Rule
- Consider Versed (2.5mg up to 10 mg max) for Trismus**

*Confirm tube placement by ER MD & ETCO2 after patient tot ER bed Document in narrative how confirmed



Key Largo EMS Respiratory Distress - Adult Asthma - COPD - Acute Decompensated Heart Failure

| Legend |
|-----------------|
| EMT-Basic |
| Paramedic |
| Physician Order |

Establish baseline pulse oximetry on patients PRIOR to oxygen administration

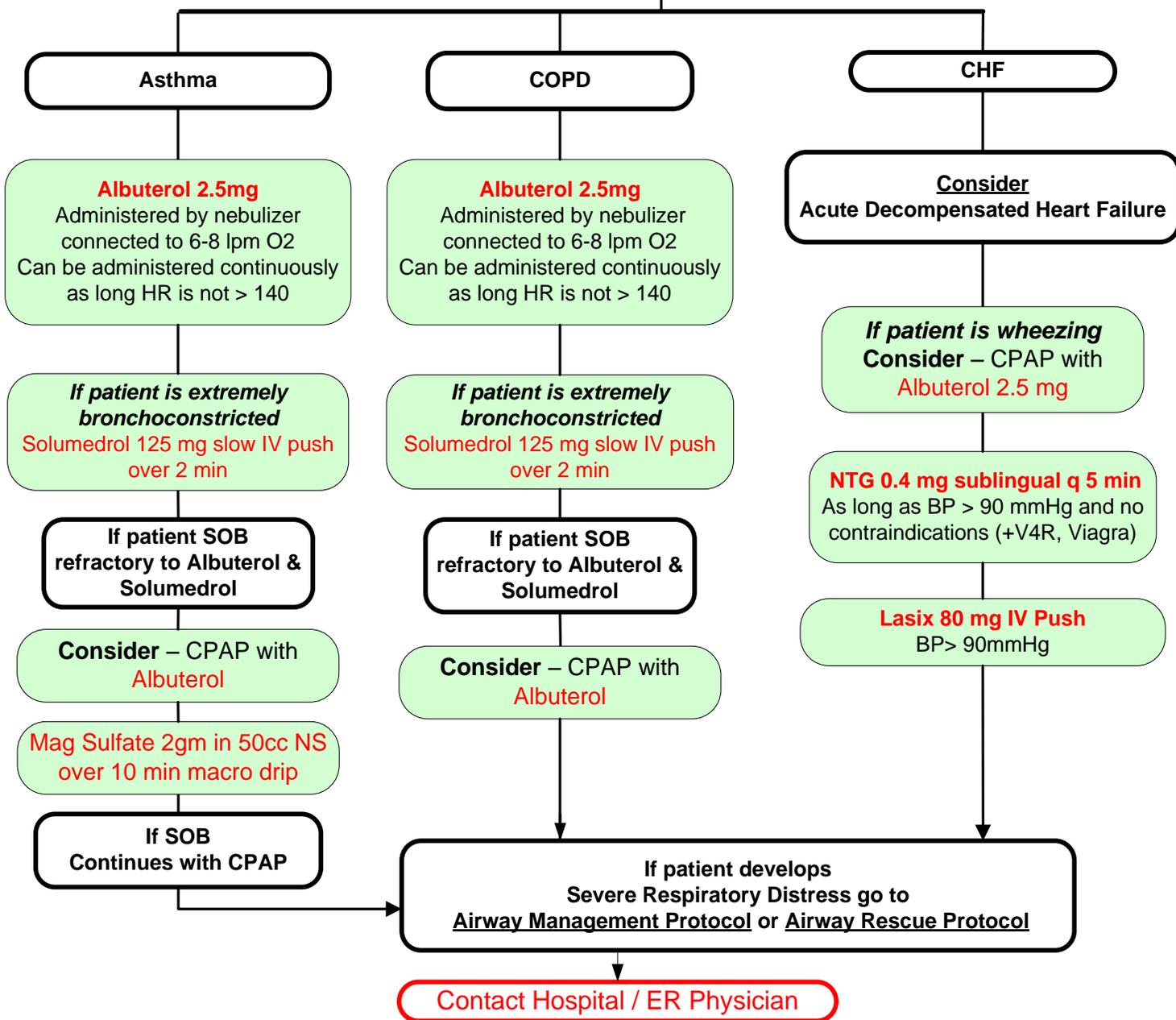
***CPAP
Use with Caution in CHF and Especially in COPD Patients**

- Determine responsiveness / Check ABCs
- Acquire Patient SAMPLE history & OPQRST
- Check Vital Signs
- Oxygenate via NC or NRM

Consider CPAP* in severe respiratory distress

Synchronous Activities

- IV NS KVO
- ECG Monitor



Key Largo EMS Airway Management Protocol

Establish baseline pulse oximetry on patients PRIOR to oxygen administration

Assess ABC's, Determine Respiratory Rate, Rhythm and Quality

Legend

- EMT-Basic
- Paramedic
- Physician Order

Adequate Respiratory Rate, Rhythm and Quality

Supplemental oxygen with continuous pulse oximetry

Inadequate Respiratory Rate, Rhythm and Quality

Anticipated Difficult Airway

Proceed to Airway Rescue Protocol / or Contact ER Physician

Anticipated Reasonable Airway

Unconscious

Conscious

Cont. Pulse Ox with High Flow O2

Assess & assist PRN with BVM

Monitor ETCO2

Assess need for CPAP (Titrate to Relief)

COPD/ Asthma – Consider CPAP

CHF – Consider CPAP

**Obtunded
Definitely Not Unconscious & Responds to Verbal**

Cont. Pulse Ox with High Flow O2

Assess & assist PRN with BVM, NPA (X2)

<18 y/o

≥ 18y/o

Continue with PPV via BVM

Monitor ETCO2

Monitor ETCO2
CPAP (COPD/CHF) vs. BVM

Apneic

Reposition Airway

Attempt PPV via BVM

No Chest Rise

Perform Manual CPR (in place of Heimlich)

Direct Laryngoscopy

Attempt to remove FBAO

Successful

Chest Rise

Pulse Ox

NPA (X2), OPA & PPV via BVM

Monitor ETCO2

Place, confirm, secure King Tube*

Notify ER Physician

Assist as Needed

High Flow O2

NPA (X2), OPA & PPV via BVM

Monitor ETCO2

Notify ER Physician

*Confirm tube placement by ER MD & ETCO2 after patient tot ER bed

Consider Airway Rescue Protocol, If needed

Unsuccessful

Basic and Advanced Airway Management Protocol

KEY LARGO EMS COMMON MEDICAL PROTOCOL

EMT

- Ensures Scene Safety, Substance Isolation Precautions
- Oxygen 15 lpm NRM, DO NOT FORCE- Consider "Blow By" and humidified
- Initiate Basic Airway Management procedures as needed
- Acquire patient history to include S.A.M.P.L.E.
- Vital signs

Paramedic

- Provide Advanced Airway Management procedures as needed
- Monitor and interpret ECG
- If Croup, Epiglottitis or allergic airway swelling suspected, contact Medical Control
- Initiate IV NS KVO. **If IV difficult, abandon attempt. Agitation/crying could lead to further swelling of the airway.**
- Consider airway Foreign Body vs glottic or subglottic inflammation
- **Solumedrol: Adult: 125 mg slow IV push over 2 min Pedi: 1mg/kg IV over 2 min**
- If you think the condition is an allergic reaction, IV Benadryl may be helpful

Paramedic

- **Definitive airway management with endotracheal intubation should be a last resort. However, in the severe burn or smoke inhalation patient, this may have to be done early PRIOR to the airway sealing off from massive edema.**
- **AIRWAY CONTROL: Versed 2.5 mg (up to 10 mg max)** May take several minutes for full effect.
- Go to Airway Rescue Protocol

Causes:

- Infections: Croup, Epiglottitis, Retropharyngeal abscess, Peritonsillar abscess
- Swelling: Burns, anaphylaxis, laryngospasm
- Choking: foreign bodies can cause partial or complete obstructions

Respiratory Failure Findings:

- ♥ Poor color with ashen or central cyanosis
- ♥ Obtunded mental status
- ♥ Decreased chest wall movement
- ♥ Tachypnea (rapid breathing) followed eventually by Bradypnea (slow breathing)
- ♥ Pulse Ox may be unreliable; rely on color and improving LOC

Signs of Airway Obstruction:

- Child may prefer to sit up and lean forward in sniffing position
- Drooling may be present if patient unable to swallow
- Retractions and/or nasal flaring, high fever, toxic appearance, gagging or dysphagia
- Acute onset facial swelling and wheezing consistent with allergic reaction
- Infant or toddler who is irritable, not moving neck or poor feeding may have retropharyngeal abscess
- Peritonsillar abscess can present in the older child as muffled voice and trismus

Establish baseline pulse oximetry reading PRIOR to oxygen administration

Basic Airway Management (BAM): is defined as follows: Assisted Ventilation's while using basic airway adjuncts (OPA, NPA) King Tube and a Bag Valve Mask.

Advanced Airway Management (AAM): Includes all Basic procedures with the addition of Endotracheal, NasoTracheal, Surgical airways.

STRIDOR