

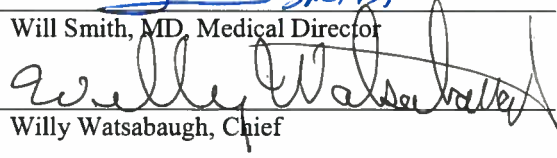


Jackson Hole Fire/EMS Operations Manual

Approved by:


Will Smith, MD, Medical Director

Approved by:


Willy Watsabaugh, Chief

Title: **Treatment Protocol:
Airway Management**

Division: 17

Article: 4.3

Revised: August 2014

Pages: 2

AIRWAY MANAGEMENT (Treatment Protocol)

ALL PROVIDERS

- Determine level of responsiveness (AVPU)
- Open the airway
 - ☒ Use jaw-thrust maneuver if cervical injury is suspected or unknown
 - Place appropriate airway adjunct depending on the level of responsiveness
 - OP airway in unresponsive patients without gag-reflex
 - NP airway in patients who respond to painful stimuli only
 - Suction airway as necessary
 - Clear any obstructions using appropriate current AHA guidelines for obstructed airway
- Check breathing
 - Assist ventilations if respiratory rate is < 8 or > 30
 - If breathing is absent, ventilate patient using appropriate current AHA guidelines for rescue breathing
- Check pulse
 - If absent, begin CPR and follow Pulseless Arrest protocol

PEDIATRIC

EMT

EMT

- Follow above
- Follow above

ADVANCED EMT

ADVANCED EMT

- Follow above
- If patient is unresponsive and without a gag reflex, place an appropriate size Supraglottic Airway.
- Acquire ETCO₂ waveform and numerical value. Treat accordingly
- Follow above
- If patient is unresponsive and without a gag reflex, place an appropriate size Supraglottic Airway.
- Acquire ETCO₂ waveform and numerical value. Treat accordingly

PARAMEDIC

PARAMEDIC

- If unable to clear obstruction, attempt removing obstruction with Magill forceps and direct laryngoscopy.
- If unable to clear obstruction using Magill forceps, then perform a Percutaneous
- If unable to clear obstruction, attempt removing obstruction with Magill forceps and direct laryngoscopy.
- If unable to clear obstruction using Magill forceps, then perform a Needle

Transtracheal Ventilation (Quick Trach or Needle cricothyrotomy as appropriate).
Follow appropriate Percutaneous Transtracheal Ventilation protocol.

- Consider placement an OG/NG tube in patients with ET tube in place for gastric decompression.

cricothyrotomy. Follow Needle cricothyrotomy protocol.