

	Department Name Address	BLS	EMT
		Revision #	
		Implementation Date	
Protocol	4.1.2 Airway Management - Adult	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Treatment goals in airway management of a patient in the pre-hospital environment include insuring adequate oxygenation and safe timely transport to the appropriate care facility.

1. Baseline care standards.
2. Place patient in position of comfort and reassure.
3. Maintain cervical spine control on patients with suspected trauma.
4. Auscultate with stethoscope at least four different areas of the chest and document.
5. In the conscious patient:
 - Administer oxygen by non-rebreather mask at 15 liters per minute.
 - Monitor O₂ saturations.
6. For the unconscious patient:
 - Use the head tilt-chin lift or jaw thrust maneuvers to open airway.
 - If trauma is suspected, use the modified jaw thrust maneuver.
 - If positioning doesn't open the airway and foreign body is suspected, follow the obstructed airway guidelines.
 - Monitor O₂ saturation and capnometry.
7. If blood, secretions, or vomitus are present, suction airway for no longer than 15 seconds.
 - a. If airway immediately refills, alternate suctioning with 30 seconds of oxygenation and/or ventilation.
8. If patient has an altered level of consciousness and is without a gag reflex, insert an oral airway.
9. If patient has an altered level of consciousness and a gag reflex, insert a nasopharyngeal airway.
 - a. Do not use a nasopharyngeal airway if severe head trauma is suspected.

10. Using a bag-valve-mask, assist respirations in any patient with decreased level of consciousness and respiratory rates of < 10 or > 30 per minute.
 - a. Consider tension pneumothorax.
11. If patient is in cardiac arrest, insert a multi-lumen airway, secure, and provide ventilations.
12. Transport with the appropriate response and request advanced life support.

Medical Director's Signature

Date

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