

<b>AIRWAY MANAGEMENT</b>	
<b>ADULT</b>	<b>PEDIATRIC (&lt;34 kg)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• Administer O<sub>2</sub> as clinical symptoms indicate (see notes below)</li> <li>• Pulse oximetry</li> <li>• Patients with O<sub>2</sub> Sat ≥ 94% without signs or symptoms of hypoxia or respiratory compromise should not receive O<sub>2</sub></li> <li>• When applying O<sub>2</sub> use the simplest method to maintain O<sub>2</sub> Sat ≥ 94%</li> <li>• Do not withhold O<sub>2</sub> if patient is in respiratory distress</li>   <li>• <b>Foreign Body/Airway Obstruction</b> <ul style="list-style-type: none"> <li>○ Use current BLS choking procedures</li> <li>○ Basic airway adjuncts and suctioning as indicated and tolerated</li> </ul> </li> </ul>	<p style="text-align: center;">Same as Adult (except for newborns)</p> <ul style="list-style-type: none"> <li>• Newborn (&lt; 1 day) follow AHA guidelines – Newborn Protocol #651</li> </ul>
<b>BLS Elective Skills</b>	
<ul style="list-style-type: none"> <li>• <b>Moderate to Severe Respiratory Distress</b> <ul style="list-style-type: none"> <li>○ <b>CPAP</b> as needed – CPAP procedure #703</li> </ul> </li> </ul>	<p style="text-align: center;">CPAP not used for patients ≤34 kg</p>
<b>ALS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• <b>Foreign Body/Airway Obstruction</b> If obstruction not relieved with BLS maneuvers                             <ul style="list-style-type: none"> <li>○ Visualize and remove obstruction with Magill forceps</li> <li>○ If obstruction persists consider – Needle Cricothyrotomy Procedure #704</li> <li>○ Upon securing airway monitor O<sub>2</sub> Sat and ETCO<sub>2</sub> – Capnography Procedure #701</li> </ul> </li> <li>• Endotracheal intubation – as needed to control airway</li> <li>• Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Foreign Body/Airway Obstruction</b> If obstruction not relieved with BLS maneuvers                             <ul style="list-style-type: none"> <li>○ Visualize and remove obstruction with Magill forceps</li> <li>○ If obstruction persists consider – Needle Cricothyrotomy Procedure #704</li> <li>○ Upon securing airway monitor O<sub>2</sub> Sat and ETCO<sub>2</sub> – Capnography Procedure #701</li> </ul> </li> <li>• Needle thoracostomy with symptoms of tension pneumothorax – Needle Thoracostomy Procedure #705</li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• <b>Symptomatic Esophageal Obstruction</b> <ul style="list-style-type: none"> <li>○ <b>Glucagon</b> 1mg IV followed by rapid flush. Give oral <u>fluid</u> challenge 60 sec after admin - check a blood sugar prior</li> </ul> </li> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Symptomatic Esophageal Obstruction</b> <ul style="list-style-type: none"> <li>○ <b>Glucagon</b> 0.1mg/kg IV not to exceed 1mg followed by rapid flush. Give oral <u>fluid</u> challenge 60 sec after admin - check a blood sugar prior</li> </ul> </li> <li>• As needed</li> </ul>

**Notes**

- Oxygen Delivery
  - Mild distress – 0.5-6 L/min nasal cannula
  - Severe respiratory distress – 15 L/min via non-rebreather mask
  - Moderate to severe distress – CPAP 3-15 cm H<sub>2</sub>O
  - Assisted respirations with BVM – 15 L/min
- Pediatric intubation is no longer an approved ALS skill – maintain with BLS options