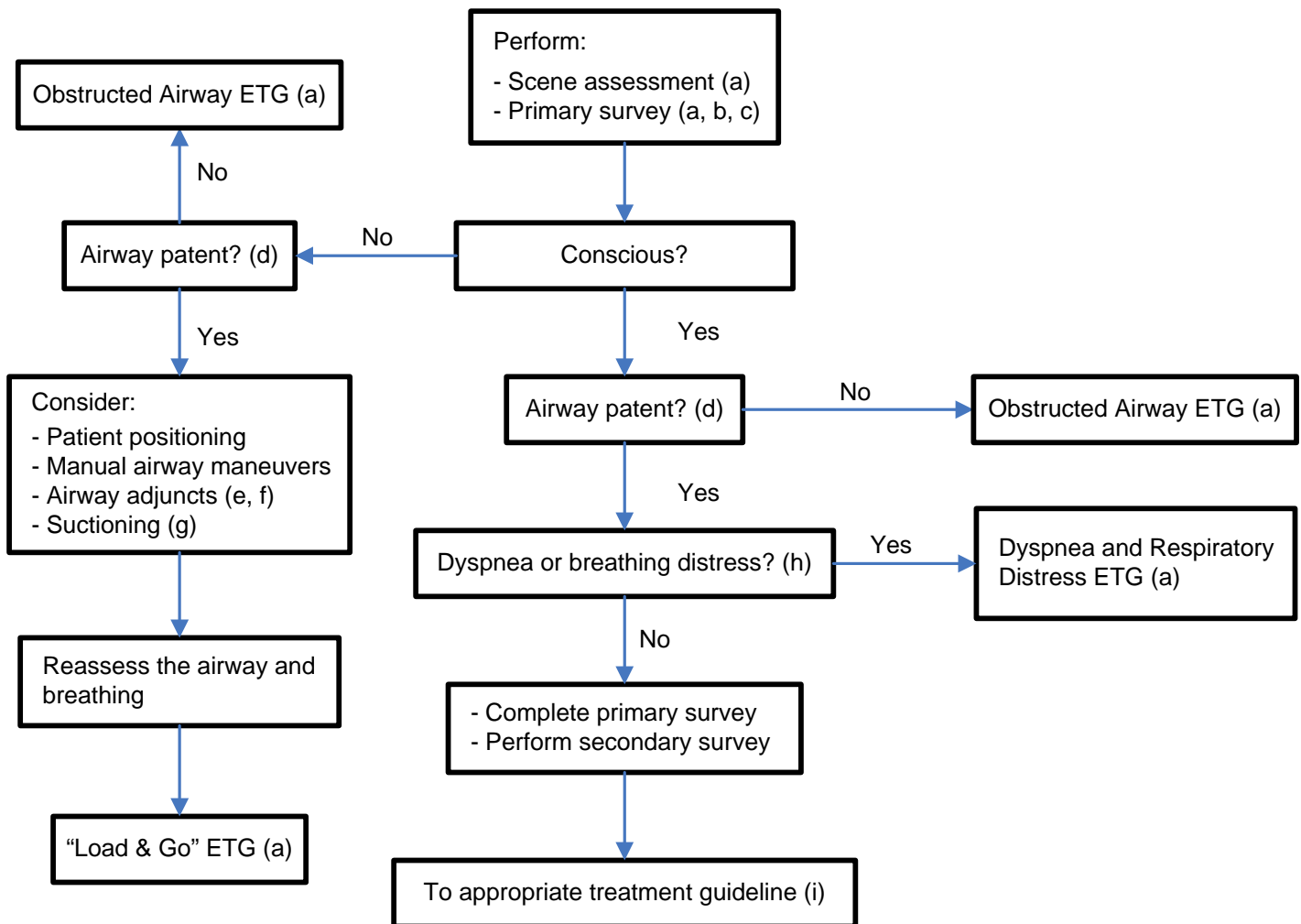


# GENERAL: Airway Management



## GENERAL: Airway Management

- a. Refer to appropriate Emergency Treatment Guideline for a complete description and/or application.
- b. Early recognition of breathing difficulties and prompt intervention are among the most important actions that EMS personnel can take to assist their patients. Maintenance of an open airway and ensuring adequate breathing has priority over all other treatments including control of the cervical spine. Special considerations may be needed for the tracheotomy patient with an indwelling tube or stoma.
- c. Breathing distress in an adult should be considered when there are signs and symptoms of hypoxia and a breathing rate greater than or equal to 30 breaths per minute or less than or equal to eight breaths per minute or tidal volume of the patient's breathing is low. Remember, hypoxia may develop at any respiratory rate and the patient's overall condition must be monitored closely.
- d. Hypoxia can be reduced or eliminated by ensuring a patient has a patent airway.
- e. Type of airway used is specific to scope of practice or if trained and certified in advanced airway protocols.
- f. Nasopharyngeal airways should only be used in conscious or semi-conscious patients 12 years of age or older, with a compromised airway. NPA's are contraindicated for patients suspected of having a basilar skull fracture. NPA's should be inserted to follow the natural curve of the airway.
- g. Suctioning attempts should last no longer than 5 seconds under most circumstances. For breathing patients allow at least 10 seconds between suctioning attempts. For non-breathing patients ventilate using 100% oxygen for 2 minutes between suctioning attempts. Extended suctioning may be required when normal suctioning will not clear the airway and facilitate establishing a patent airway.
- h. If the patient is unconscious due to trauma or unknown etiology, suspect a spinal injury and treat the patient accordingly (see Central Nervous System ETG)
- i. Monitor the patient for any changes in status. Do not allow the patient to exert him/herself – i.e. walking or standing unassisted for transfer to the stretcher.

### Ventilation Rates

Adult:	10 -12 times per minute
Child:	12 - 20 times per minute
Infant (6 - 12 months):	30 times per minute
Infant < 6 months:	40 times per minute