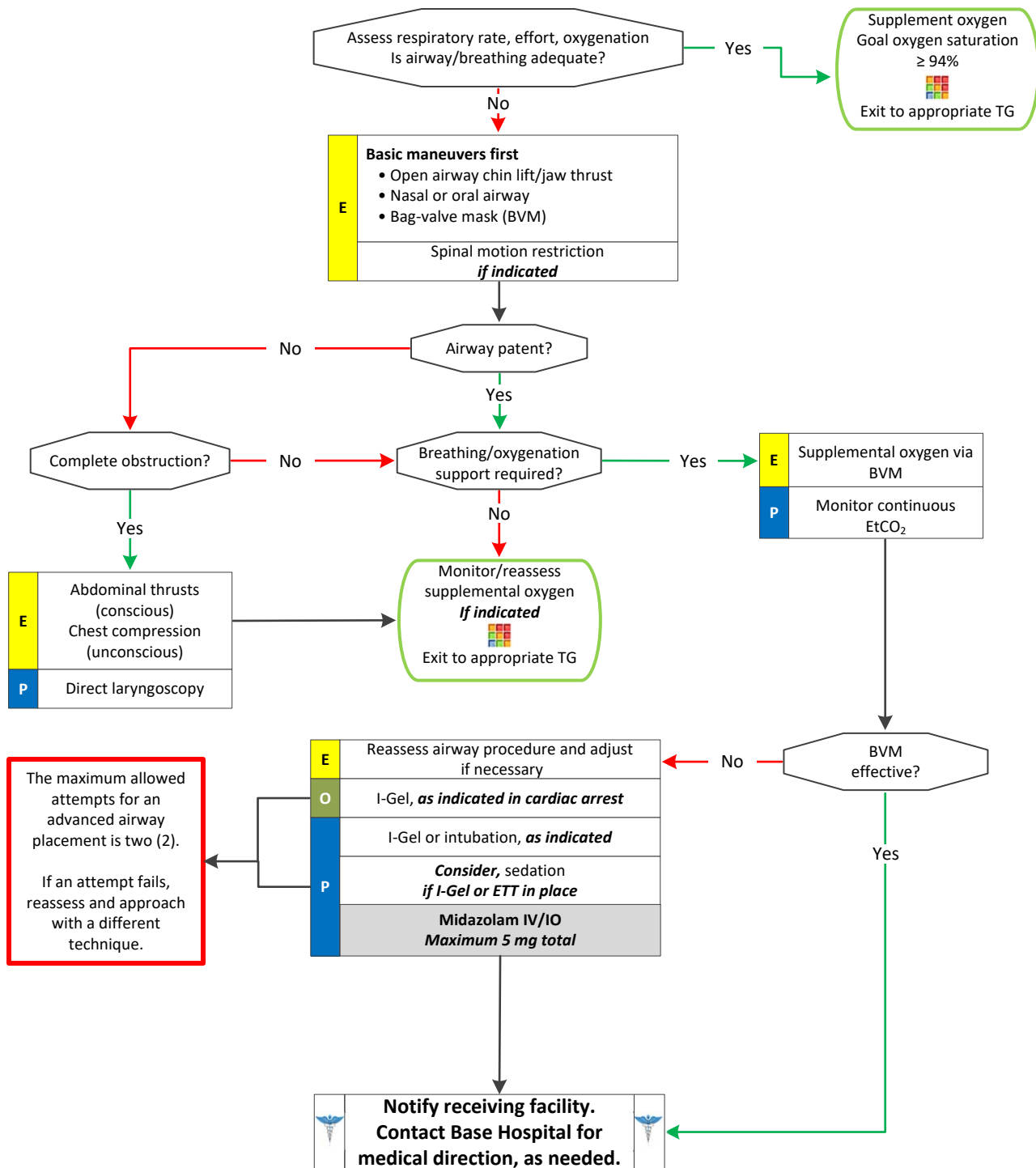


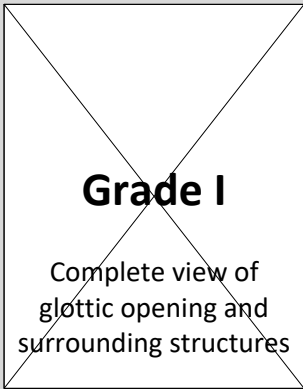



Adult Airway



Adult Airway

Always weigh the risks and benefits of endotracheal intubation in the field against transport. All prehospital endotracheal intubations are considered high risk. If ventilation/oxygenation is adequate, transport may be the best and safest option. The most important airway device is the BVM, not the laryngoscope.

Cormack-Lehane Difficult Airway Assessment:

 <p>Grade I</p> <p>Complete view of glottic opening and surrounding structures</p>	 <p>Grade II</p> <p>Partial view of the glottic opening</p>	 <p>Grade III</p> <p>Only the epiglottis is visible</p> <p><i>Use I-Gel</i></p>	 <p>Grade IV</p> <p>No distinguishable anatomy is visible</p>
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Trauma: Utilize in-line cervical stabilization during intubation, BLS airway or BVM use. During intubation, the cervical collar front should be open or removed to facilitate translation of the mandible/mouth opening.

Pearls

- **Continuous capnometry (EtCO₂) is mandatory with all methods of airway management. Document results.**
- **If an effective airway is being maintained with a BVM and a basic airway adjunct with continuous pulse oximetry values of ≥ 90% or values expected based on pathophysiologic condition with otherwise reassuring vital sign (e.g. pulse oximetry of 85% with otherwise normal vital signs in a post-drowning patient), it is acceptable to continue with basic airway measures rather than placing an advanced airway.**
- **For the purposes of this TG, a secure airway is achieved when the patient is receiving appropriate oxygenation and ventilation.**
- **An intubation attempt is defined as inserting the laryngoscope blade with the intent to intubate or inserting an advanced airway past the teeth.**
- **An appropriate ventilatory rate is one that maintains an EtCO₂ of 35 or greater. Avoid hyperventilation.**
- **A Bougie is strongly encouraged for all ET intubation attempts.**
- **Effective use of a BVM is best achieved with two (2) people.**
- **The airway should be reassessed with each patient move. Document findings and EtCO₂ readings for each.**
- Maintain spinal motion restriction for patients with suspected spinal injury.
- Document visualization and grading scale in prehospital record.
- Hyperventilation in deteriorating head trauma should only be done to maintain an EtCO₂ of 30-35.
- It is important to secure the advanced airway well and consider c-collar use (in the absence of trauma) to better maintain advanced airway placement. Manual stabilization of advanced airway should be used during all patient moves/transfers.

