## Airway/Respiratory Management

### BLS PROCEDURE BP-01

**INDICATION**

A patient who is unable to maintain adequate oxygenation.

**PROCEDURE**

- If respirations are adequate and SpO₂ < 94%, consider administering oxygen 2 – 6 LPM by nasal cannula.
  - Titrate oxygenation of COPD patients’ SpO₂ between 88% – 92%.
- If respirations are inadequate or SpO₂ < 94%, consider high-flow oxygen 15 liters per minute by non-rebreather mask.
- If respirations are inadequate and SpO₂ < 94%, consider:
  - Clearing the airway as necessary. This may include placing the patient on his/her side (left lateral position) and suctioning.
  - Assisting in ventilations high-flow oxygen 15 liters per minute by Bag Valve Mask using a 2 person technique, and oropharyngeal/nasopharyngeal adjunct.
  - If available and within scope of practice, apply Waveform Capnography AP-12. After 3 ventilations, ETCO₂ should be >10 or comparable to pre-intubation values. If <10, check for adequate circulation, equipment, and ventilatory rate.
- If unable to manage airway with BLS measures, reassess the patient’s airway problems and BLS skills application. Paramedics should consider utilizing Endotracheal Intubation AP-01 on age/size appropriate patients.
- Do not delay transport for advanced airway skills if an adequate BLS airway exists.

**KEY CONCEPTS**

- Some patients may require low flow or no oxygen depending on clinical state and SpO₂ levels.
- Oxygen should be titrated so that SpO₂ > 94%.
- Effective use of the BVM often requires 2 people.