



Airway/Respiratory Management

FIELD TREATMENT GUIDELINE M-20

INDICATION	<ul style="list-style-type: none"> A patient who is unable to maintain adequate ventilation and/or oxygenation.
BLS	<ul style="list-style-type: none"> If ventilation is adequate and SpO₂ < 94%, consider administering oxygen 2 – 6 lpm by nasal cannula. <ul style="list-style-type: none"> If unable to maintain SpO₂ > 94% give high-flow oxygen 15 lpm by non-rebreather If ventilation is inadequate: <ul style="list-style-type: none"> Clearing the airway as necessary. This may include placing the patient on his/her side (left lateral position) and suctioning. Assist ventilations with high-flow oxygen at 15 lpm by BVM and oropharyngeal/nasopharyngeal adjunct.
ALS	<ul style="list-style-type: none"> Apply Waveform Capnography AP-12 as soon as possible. <ul style="list-style-type: none"> When available, utilize waveform capnography via dual-purpose nasal cannula with oxygen set at 2 – 6 lpm. This can improve oxygenation by placing under a non-rebreather, BVM or CPAP mask without compromising a proper seal. When indicated, utilize Continuous Positive Airway Pressure (CPAP) AP-04. 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 or Supraglottic Airway Device AP-02 on age/size appropriate patients. <ul style="list-style-type: none"> Do not delay transport for advanced airway skills if an adequate BLS airway exists. For the adult patient, if a life threatening upper airway obstruction exists and BLS/ALS airway procedures have failed utilize Needle Cricothyrotomy AP-03.
KEY CONCEPTS	<ul style="list-style-type: none"> Some patients may require low flow or no oxygen depending on clinical state and SpO₂ levels. Oxygen should be titrated so that SpO₂ > 94%. For COPD patients', oxygen should be titrated so that SpO₂ is between 88% – 92%. Effective use of the BVM often requires 2 people.