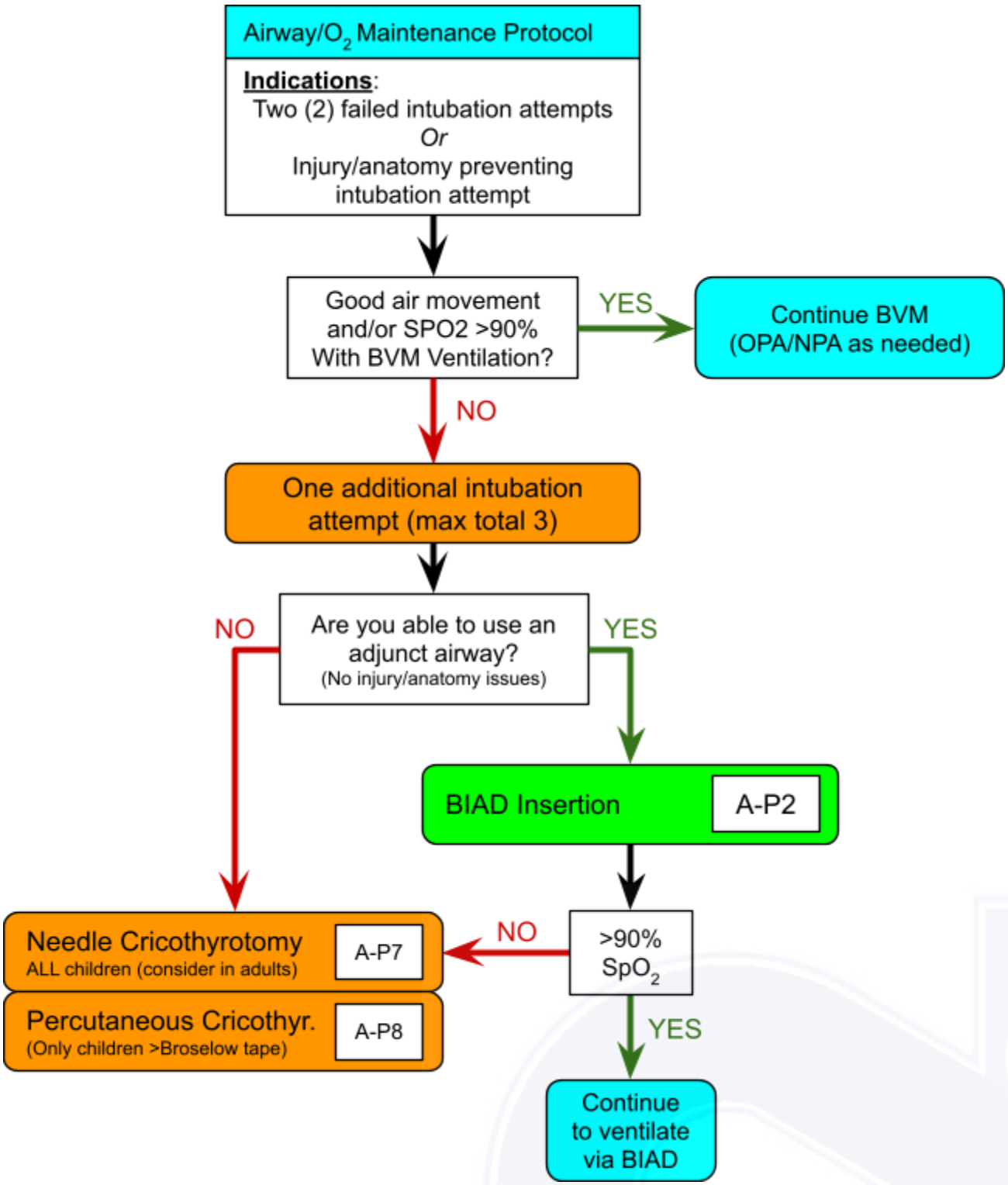
A-02 FAILED AIRWAY		First Responder EMT AEMT Paramedic



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KEY POINTS:

- If you have concerns over obtaining airway access or maintaining an airway your primary destination should be the CLOSEST emergency department, regardless of patient complaint/disease process.
    - Notify Destination Hospital ASAP regarding patient's difficult or failed airway.
- A secure airway is when the patient is appropriately oxygenated and ventilated.
    - *BVM*: If an airway is being maintained by BVM with Pulse Oximetry >90%, it is acceptable to maintain basic airway measures instead of attempting an advanced airway.
    - *BIAD*: If a BIAD is providing good ventilatory exchange and is functioning appropriately: DO NOT REMOVE or exchange.
- Intubation: If first attempt fails, make an adjustment and try again:
    - Sellick's and/or BURP maneuvers
    - Different laryngoscope blade
    - Change head positioning
    - Different ETT size
    - Different Provider

SPECIAL SITUATIONS:

Pediatrics:

- The majority of pediatric airways can be managed with basic interventions.
- Use only the interventions needed to deliver adequate oxygenation and ventilation.
- **If the child fits on the Broselow Tape, DO NOT perform a surgical airway.**
- ALL "Broselow" Children needing a surgical airway **should receive a needle cricothyrotomy**.
- Children *longer than the Broselow tape* *and adults* CAN receive a needle cricothyrotomy as a temporizing measure until more definitive airway access is obtained.
    - If oxygenation is being maintained with a needle cricothyrotomy, you may defer surgical intervention and transport to the nearest facility as quickly as possible.

QI Review Parameters:

1.