



If available, the use of a Video Laryngoscope is MANDATORY on ALL endotracheal intubation attempts, and a BOUGIE is mandatory on the second and all subsequent attempts.

3 GOALS OF RESPIRATORY CARE :

- **FIRST = OXYGENATION (SpO₂)**
 - Your primary goal should be ensuring an adequate SpO₂ (>90%).
 - If you can maintain SpO₂ by other means, you may forgo continued intubation attempts or surgical airway:
 - Non-rebreather (NRB)/High flow O₂
 - Bag-valve mask (BVM)
 - Needle Cricothyrotomy
- **Second = Ventilation (CO₂/ETCO₂)**
 - While airway interventions should achieve ventilation whenever possible, if you can maintain oxygenation (in the short term), it is better to emergently transport the patient rather than continue attempting airway interventions on scene.
 - Over time increasing CO₂ will become detrimental, but it takes some time to accumulate.
- **Third = Airway Protection**
 - While we preach intubation for airway protection, in general airway protection can be deferred unless there is active aspiration of vomitus, blood or other material.
 - Just because a patient is substantially altered does not mean they need immediate airway protection, especially if their SpO₂ is adequate.

KEY POINTS:

- Use only the interventions needed to deliver adequate oxygenation and ventilation.
- *Except in Cardiac Arrest*, if an effective airway is being maintained by BIAD with continuous pO₂ > 90%, it is generally encouraged to continue with successful measures instead of endotracheal intubation.
- Capnometry (EtCO₂) and pulse oximetry is mandatory with all methods of advanced airways, supplemental oxygen administration or ventilatory support.
- Colorimetric (EZ Cap) may be used for initial CO₂ detection when continuous capnometry is not available.
- Ventilatory rate should be adequate to maintain ETCO₂ or 35-45 mmHg. Refer to **Capnography [A-PB1]** for further direction.
- If difficult intubation is anticipated, consider use of BIAD or an assist device (i.e. Bougie).

A-01A
AIRWAY
MAINTENANCE



QI Review Parameters:

Basic Airway & Oxygen Management

1. Airway assessment and pulse oximetry documented?
2. Appropriate supplemental O2 provided, or documented as provided for comfort?
3. If inadequate, appropriate basic airway equipment and maneuvers provided?
4. If a patient failed basic airway interventions, was advanced airway management appropriate to situation?

Advanced Airway Placement

1. Was Advanced Airway placement indicated?
2. Was appropriate equipment used/attempted?
3. Was airway placement overall successful? (i.e. Was an appropriate airway secured?)
4. How many attempts were required for final placement of an airway?
5. Was confirmation of appropriate placement documented, including EtCO2?