	**Department Name** **Address**	**ILS**	**EMT/Intermediate**
		Revision #	
		Implementation Date	
Protocol	**3.2.2 Airway Management - Pediatric**	**Last Reviewed/Update Date**	
Author / Owner		**Medical Director**	

Treatment goals in airway management of a patient in the pre-hospital environment include insuring adequate oxygenation and safe, timely transport to the appropriate care facility.

1. Baseline care standards.

2. Place patient in position of comfort and reassure.

3. Maintain cervical spine control on patients with suspected trauma.

4. Auscultate with stethoscope at least four different areas of the chest and document.

5. If spontaneous breathing is present without compromise:
    - Monitor breathing during transport.
    - Administer oxygen PRN:
        - Infants via infant mask @ 2 – 4 L per minute
        - Small child (1 – 8 years) via pediatric mask @ 6 – 8 L per minute.
        - Older child (9 – 15 years) via non-rebreather @ 15 L per minute.
        - If mask is not tolerated, administer via blow-by method.

6. If spontaneous breathing is present with compromise:
    - Manually open airway.
    - Suction PRN.
    - Administer oxygen PRN:
        - Infants via infant mask @ 2 – 4 L per minute
        - Small child (1 – 8 years) via pediatric mask @ 6 – 8 L per minute.
        - Older child (9 – 15 years) via non-rebreather @ 15 L per minute.
        - If mask is not tolerated, administer via blow-by method.
    - If unable to maintain airway, insert oropharyngeal or nasopharyngeal airway PRN.
    - Assist ventilations with BVM.
    - Monitor O_2 saturations with pulse oximeter.

7. If spontaneous breathing is absent or markedly compromised:
    - Manually open airway.
    - Suction PRN.
    - If unable to maintain airway, insert oropharyngeal or nasopharyngeal airway.
    - Ventilate with BVM @ 20 per minute for a child and 30 per minute for an infant.
    - Monitor O_2 saturations with pulse oximeter.

8. If patient is in cardiac arrest, intubate using direct laryngoscopy and appropriate size endotracheal tube. If cervical spine injury is suspected, have second person maintain c-spine control during intubation.
    - Verify tube placement by: auscultation of breath sounds, esophageal detector device, and capnometry.
    - Secure ETT with commercial device.
    - Monitor O_2 saturations with pulse oximeter.

9. Call for ALS intercept and transport.

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Medical Director's Signature *Date*