

AG01 Airway/Oxygenation/Ventilation

Objectives:

- When possible, a room air pulse oximetry reading should be obtained and documented
- The goal is to maintain SPO₂ ≥ 95%
- Oxygen therapy for patients with Altered Mental Status, Hypoperfusion, Cardiac Chest Pain or Dyspnea regardless of SPO₂ reading
- Support the patient's breathing as needed

General Information:

- Oxygen therapy
 - a) SpO₂ 90-94% - Nasal Cannula at 1 – 6 lpm
 - b) SpO₂ <90% - Non-Rebreather at 10 – 15 lpm
- Assisted Ventilations
 - a) BLS Airway 10 -12 Breaths per minute
 - i) Attempts should be made to use 2 providers to ensure adequate BVM ventilations using “E-C” technique
 - ii) Cricoid pressure should be maintained until an advanced airway is in place
 - b) ALS (Advanced) Airway 8 -10 breaths per minute
 - i) Cardiac Monitor and Pulse Oximetry are required
 - ii) Consider OG/NG tube when using BVM or after endotracheal intubation
 - iii) Unconscious Intubated Patients
 - * Verify tube placement
 - * Secure with commercial device
 - * Package on a long board
 - * Immobilize Cervical Spine
 - * Reassess tube placement every 5 minute, during transport or after movement of the patient



Warnings/Alerts:

- Failure to use end-tidal CO₂ monitoring increases the risk of an unrecognized misplaced tube
- Failure to confirm tube placement prior to securing or following patient movement may lead to unrecognized tube displacement
- Apnea is an absolute contraindication to nasal intubation

OMD Notes:

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References:

2005 AHA ACLS
EMT-B Curriculum

Performance Indicators:

Initial and Ongoing SpO₂
Use of CPAP
Use of Secondary Airway

Confirmation of ETT
Application of Oxygen
Patient Packaging

Documentation of Breath Sounds
Confirmation of Airway

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Note: This protocol is to be used in conjunction with existing protocols in a complementary manner.

