

## AIRWAY MANAGEMENT AND VENTILATION SUPPORT

**Clinical Statement:** Good basic life support (BLS) skills in airway management are paramount, and should always be performed first, before advanced life support (ALS) techniques are employed. Often no ALS procedures are needed if the provider's BLS techniques are well practiced and executed accurately in the patient's time of need.

***Only Orotracheal Intubations are allowed by Standing Order in the TRAA system. Nasotracheal Intubation may be attempted ONLY with Medical Control permission.***

### **Indications for Orotracheal Intubation:**

- Respiratory or cardiac arrest
- Respiratory distress secondary to trauma or disease
- Absent gag reflex due to unconsciousness or altered mental status
- Impending airway occlusion secondary to airway burns, anaphylaxis or foreign body obstruction

### **Contraindications for Orotracheal Intubation:**

- Presence of permanent tracheostomy
- Situations where attempts to intubate could induce laryngospasm
- Presence of gag reflex

### **Complications of Intubation:**

- Hypoxia due to prolonged intubation attempts
- Esophageal intubation
- Mainstem bronchus intubation
- Laryngospasm
- Aspiration
- Vagal stimulation causing arrhythmias
- Injury to upper airway structures due to aggressive intubation techniques
- Trauma to vocal cords, broken teeth

Upon recognition of airway or respiratory insufficiency that cannot be managed adequately by basic means the airway shall be secured by:

- **Oral endotracheal intubation (unconscious, no gag reflex)**
- **A Non-visualized airway (I-GEL) (unconscious, no gag reflex)**
- **Cricothyrotomy (if unable to control by any other means)**