

# EL DORADO COUNTY EMS AGENCY

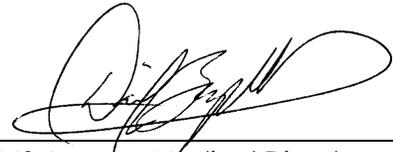
## FIELD PROCEDURES

Effective: July 1, 2011

Reviewed: July 1, 2016

**Revised:** July 2012, 2018, 2019

Scope: ALS/BLS Adult/Pediatric



EMS Agency Medical Director

## SUPRAGLOTTIC AIRWAY

### PURPOSE:

To manage a BLS airway until a definitive airway can be obtained by means of tracheal intubation.

### INDICATIONS:

- An unconscious patient with no purposeful response
- Absent gag reflex
- Apnea or shallow ineffective respirations

### COMPLICATIONS:

- Vomiting, Aspiration,
- Laryngeal trauma including abrasions, hematomas, edema and ulcers
- Bronchospasm, laryngospasm, Pulmonary edema
- Hoarseness, stridor, vocal cord paralysis

### CONTRAINDICATIONS:

- Gag reflex present
- Obvious signs of death
- Ingestion of caustic substance
- Airway obstruction by a foreign body
- Traumatic disruption of the airway (crushed trachea, etc.)
- Laryngectomy patient with a stoma
- Valid DNR documentation is present

### PRECAUTIONS:

- Spinal injury - maintain in-line stabilization in suspected spine injury patients
- Tube dislodgement (recheck tube placement whenever patient is moved.)
- Aspiration - always have suction available and ready to use
- Known esophageal disease

### EQUIPMENT:

- Air-Q SP
- Water based lubricant
- Tongue Blade
- BVM
- Laryngoscope (optional use by ALS personnel)

### PROCEDURE:

1. Patients should be pre-oxygenated. BLS airway and ventilation procedures should be instituted. Ensure suction is available and operational.
2. Select proper tube based on patient's weight (see table below). Lubricate the external surface including the mask, back of the cuff and ridges.
3. Position patient's head in sniffing (preferred) or neutral position. For obese patients consider elevating the patient's back and shoulders. Maintain Spinal precautions when appropriate.
4. Hold the Air-Q SP with the dominant hand at the proximal end (connector) such that insertion will be accomplished in a single, continuous motion.

## SUPRAGLOTTIC AIRWAY

## CONTINUED

5. Use a lateral (45-90°) approach with chin lift. Open the patient's mouth and elevate the tongue. Elevating the tongue lifts the epiglottis off the posterior pharyngeal wall and allows the Air-Q SP easy passage into the pharynx. A mandibular lift is especially recommended. A tongue blade or laryngoscope blade placed at the base of the tongue also works well for this purpose.
6. Place the front portion of the Air-Q SP mask between the base of the tongue and the soft palate at a slight forward angle, if possible.
7. Pass the Air-Q SP into position within the pharynx by gently applying inward and downward pressure, using the curvature of the Air-Q SP mask and airway tube as a guide. Simply rotate the Air-Q SP forward and inward. Minimal manipulation may be necessary to turn the corner into the upper pharynx. Continue to advance until fixed resistance to forward movement is felt. **Correct placement is determined by this resistance to further advancement.** Check the Air-Q SP connector to ensure it is fully engaged within the airway tube,
8. Check the placement with positive pressure ventilation and confirm with capnography.
9. Secure with a tube holder device until the Air-Q SP is removed.
10. Re-evaluate the position of the tube at least after each movement of the patient.
11. **DO NOT administer medications through Air-Q SP Airway.**

Tube Size (Color)	Pt Weight	Estimated Age
4.5 (Purple)	70-100 kg	Adult
3.5 (Red)	50-70 kg	Small Adult
2.5 (Yellow)	30-50 kg	9-14 yrs
2.0 (Orange)	17-30 kg	3 - 8 yrs
1.5 (Green)	7-17 kg	6 mos - 2 yrs
1.0 (Blue)	4-7 kg	Neonate - 6 mos