Adult Airway Algorythm

Consider reversible causes of altered LOC (hypoglycemia, arrhythmia)

(1) Optimize oxygenation with non-rebreather +/- BVM ventilation (a)

(a) Optimize BVM:
- 2 person technique
- OPA
- Mask size / fit
- Positioning

Goal: Consider transport if oxygenation adequate

(2) Assess for predictors of difficult BVM/ETI (b)

(b) Difficult BVM:
- Boots
- Beard
- Obese
- Old
- Toothless
- Snoring

Difficult ETI: (MAP)
- Measure 3-3-1
  (mouth opening, short chin, limited jaw protrusion)
- A-O/head extension
- Pathologic obstruction

(c) Attempt: prolonged laryngoscopy without ETI
Attempt 1:
- Best person
- Best position
- BURP
- Both hands on handle
- Bougie

Attempt 2:
- Blade change
- Adjust position
- Address specific difficulty

Goal: ACP

· Preoxygenate
  · Consider midazolam prn (dose), or topical lidocaine
  · Maximum maximum 2 attempts @ ETI (c)
  · If Transport time short, consider BVM ventilation only

Goal: Transport

Confirm tube placement? (d)

(d) Confirm tube placement with ≥ 4 of:
Attempt 1:
- Direct visualization?
- CO₂ detector?
- Good A/E?
- Absence of A/E over epigastrium
- Fogging in tube?
- EDD > 40cc?
- Improving/monitoring sats?

Yes
· Ventilate
· Consider midazolam prn sedation (dose)
· Transport

No
· Able to ventilate via BVM or extraglottic device? (e)
  · ie/ Sats > 90%?

Yes
· Ventilate
· Transport

No
· Consider surgical airway, unless transport time short (e)
  · Also see procedure guide

(e) Surgical Airway:
Indications:
- Can’t intubate
- Can’t ventilate

Contraindications:
- Pediatric case
- Cardiac arrest