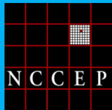


Adult, Failed Airway

Protocols AR 1, 2, and 3 should be utilized together (even if agency is not using Drug Assisted Airway as they contain useful information for airway management.

Unable to Ventilate and Oxygenate ≥ 90% during or after one (1) or more unsuccessful intubation attempts.
and/or
Anatomy inconsistent with continued attempts.
and/or
Three (3) unsuccessful attempts by most experienced Paramedic/AEMT.
Each attempt should include change in approach or equipment

NO MORE THAN THREE (3) ATTEMPTS TOTAL

↓

Failed Airway ↔ Call for additional resources if available

↓

BVM
Adjunctive Airway NP / OP
Maintains
Oxygen Saturation ≥ 90 %
Preferably ≥ 94 %

YES → Continue BVM
Supplemental Oxygen
Exit to Appropriate Protocol(s)

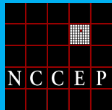
NO ↓

B	Attempt Airway Blind Insertion Airway Device Procedure
A	Airway Video Laryngoscopy Device Procedure ***if available*** ***Optional***
P	Airway Cricothyrotomy Surgical Procedure
	Supplemental oxygen BVM with Airway Adjuncts Maintain Oxygen Saturation ≥ 90 % Preferably ≥ 94 %
	Post-intubation BIAD Management Protocol AR 8

↓

Notify Destination or Contact Medical Control

Airway Respiratory Protocol Section



Adult, Failed Airway

Pearls

- **For the purposes of this protocol a secure airway is when the patient is receiving appropriate oxygenation and ventilation.**
- **If an effective airway is being maintained by BVM with continuous pulse oximetry values of ≥ 90%, it is acceptable to continue with basic airway measures.**
- **Anticipating the Difficult Airway and Airway Assessment**
  - **Difficult BVM Ventilation (MOANS):** **M**ask seal difficulty (hair, secretions, trauma); **O**bese, obstruction, OB – 2d and 3d trimesters; **A**ge ≥ 55; **N**o teeth; **S**tiff lungs or neck
  - **Difficult Laryngoscopy (LEON):** **L**ook externally for anatomical problems; **E**valuate 3-3-2 (Mouth opening should equal 3 of patients finger's width, mental area to neck should equal 3 of patient's finger's width, base of chin to thyroid prominence should equal 2 of patients finger's width); **O**bese, obstruction, OB – 2d and 3d trimesters; **N**eck mobility limited.
  - **Difficulty BIAD (RODS):** **R**estricted mouth opening; **O**bese, obstruction, OB – 2d and 3d trimesters; **D**istorted or disrupted airway; **S**tiff lungs or neck
  - **Difficulty Cricothyrotomy / Surgical Airway (SMART):** **S**urgery scars**; M**ass or hematoma**, A**ccess or anatomical problems**; R**adiation treatment to face, neck, or chest; **T**umor.
- **If first intubation attempt fails, make an adjustment and then consider:**
  - Different laryngoscope blade / Video or other optical laryngoscopy devices
  - Gum Elastic Bougie
  - Different ETT size
  - Change head positioning
- AEMT and Paramedics should consider using a BIAD if oral-tracheal intubation is unsuccessful.
- During intubation attempts use External Laryngeal Manipulation to improve view of glottis.
- Continuous pulse oximetry should be utilized in all patients with inadequate respiratory function.
- Continuous EtCO2 should be applied to all patients with respiratory failure or to all patients with advanced airways.
- **Notify Medical Control AS EARLY AS POSSIBLE concerning the patient's difficult / failed airway.**
- **DOPE: D**isplaced tracheostomy tube / ETT, **O**bstructed tracheostomy tube / ETT, **P**neumothorax and **E**quipment failure.