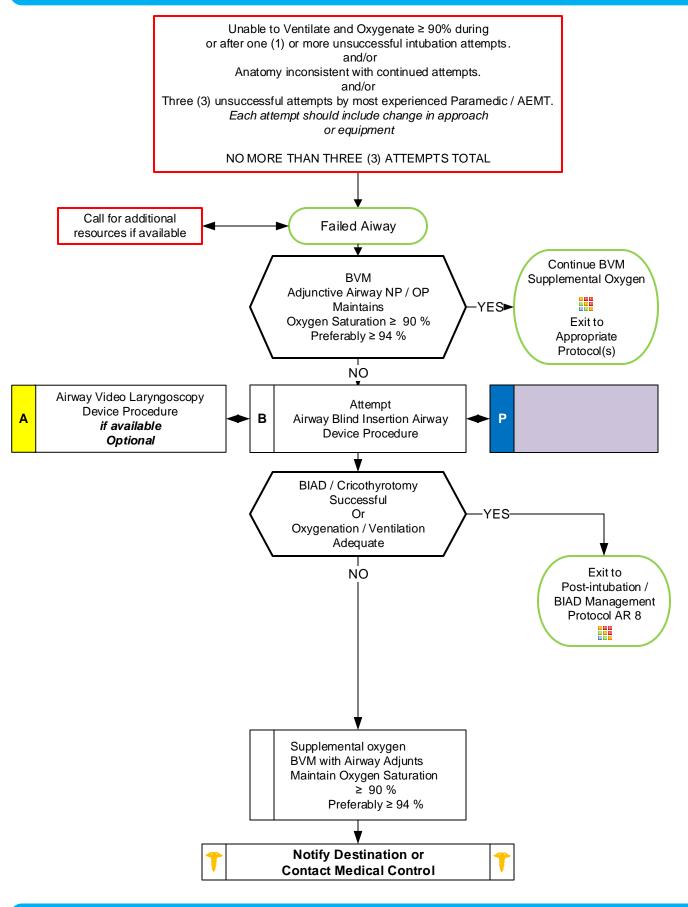


Pediatric Failed Airway





Pearls

- For this protocol, pediatric is defined as any patient which can be measured within a Length-based Resuscitation Tape.
- 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 instead of using a BIAD or Intubation.
- For the purposes of this protocol a secure airway is when the patient is receiving appropriate oxygenation and ventilation.
- An intubation attempt is defined as passing the laryngoscope blade or endotracheal tube past the teeth or inserted into the nasal passage.
- Capnometry (color) or capnography is mandatory with all methods of intubation. Document results.
- Continuous capnography (EtCO2) is strongly recommended with BIAD or endotracheal tube use though this is not validated and may prove impossible in the neonatal population (verification by two (2) other means is recommended).
- Ventilatory rate: 30 for Neonates, 25 for Toddlers, 20 for School Age, and for Adolescents the normal Adult rate of 8 10 per minute. Maintain a EtCO2 between 35 and 45 and avoid hyperventilation.
- It is strongly encouraged to complete an Airway Evaluation Form with any BIAD or Intubation procedure.
- If first intubation attempt fails, make an adjustment and then try again: Different laryngoscope blade; Gum Elastic Bougie; Different ETT size; Change cricoid pressure; Apply BURP; 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.
- Gastric tube placement should be considered in all intubated patients.
- It is important to secure the endotracheal tube well and consider c-collar (even in absence of trauma) to better maintain ETT placement. Manual stabilization of endotracheal tube should be used during all patient moves / transfers.
- <u>Airway Cricothyrotomy Needle Procedure:</u>
 - Indicated as a lifesaving / last resort procedure in pediatric patients \leq 11 years of age.
 - Very little evidence to support it's use and safety.

A variety of alternative pediatric airway devices now available make the use of this procedure rare. Agencies who utilize this procedure must develop a written procedure, establish a training program, maintain equipment and submit procedure and training plan to the State Medical Director / Regional EMS Office.

• DOPE: Displaced tracheostomy tube / ETT, Obstructed tracheostomy tube / ETT, Pneumothorax and Equipment failure.