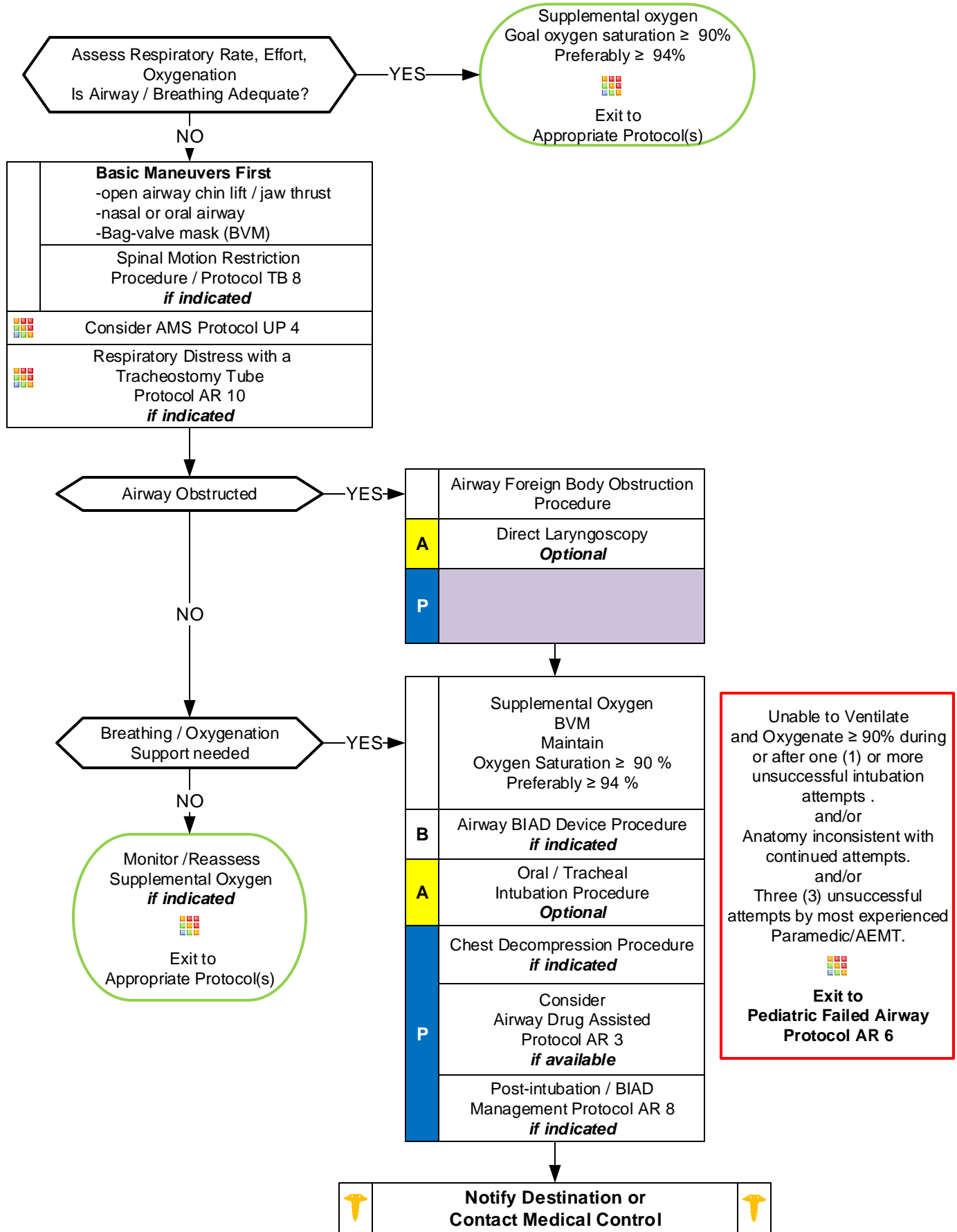


# Pediatric Airway





# Pediatric Airway

## Pearls

- For this protocol, pediatric is defined as any patient which can be measured within the Broselow-Luten tape.
- If an effective airway is being maintained by BVM with continuous pulse oximetry values of  $\geq 90\%$ , it is acceptable to continue with basic airway measures.
- 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 (EtCO<sub>2</sub>) 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 EtCO<sub>2</sub> between 35 and 45 and avoid hyperventilation.
- Ketamine may be used during airway management of patients who FIT on the Broselow-Luten Tape with a DIRECT, ONLINE MEDICAL ORDER, by the system MEDICAL DIRECTOR OR ASSISTANT MEDICAL DIRECTOR ONLY. Specific use in this population of patients must also be for use in individual agencies by the NC OEMS State Medical Director prior to use.
- Agencies utilizing Ketamine must submit a local systems plan to State Medical Director detailing how the drug is used in your program.
  - Ketamine may be used with and without a paralytic agent in conjunction with either a OP, NP, BIAD or endotracheal tube.
  - Ketamine may be used during the resuscitation of hypoxia or hypotension in conjunction with airway management.
  - Ketamine may be used in the dangerously combative patient requiring airway management IM. IV / IO should be established as soon as possible.
  - Ketamine may NOT be used for purposes of sedation only – it must be used only during airway management procedures.
- **It is strongly encouraged to complete an Airway Evaluation Form with any BIAD or Intubation procedure.**
- 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.
- **Airway Cricothyrotomy Needle Procedure:**
  - 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.