Adult Airway Algorythim

Consider reversable 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**
- Consider extraglottic device for CA
- Call ALS
- Transport

Goal — **ACP**
- Preoxygenate
- Consider midazolam prn (dose), or topical lidocaine
- Maximim maximum 2 attempts @ ETI **(c)**
- If Transport time short, consider BVM ventilation only

Confirm tube placment? **(d)**

(d) Confirm tube placement with ≥ 4 of:

Attempt 1:
- Direct visualization?
- CO_2 detector?
- Good A/E ?
- Absence of A/E? over epigastrium
- Fogging in tube?
- EDD > 40cc?
- Improving/monitoring sats?

Yes → **Goal**
- Ventilate
- Consider midazolam prn sedcation (dose)
- Transport

No

- Able to ventilate via BVM or extraglottic device?
- ie/ Sats > 90%?

Yes → **Goal**
- Ventilate
- Transport

No

Goal
- Consider surgical airway, unless transport time short **(e)**
- Also see procedure guide

(e) Surgical Airway:

Indications:
- Can't intubate
- Can't ventilate

Contraindication:
- Pediatric case
- cardiac arrest