Table of Contents

O P E R A T I O N S   M A N U A L

STANDARD INSTRUCTION 09 EMERGENCY MEDICAL SERVICES

SECTION 01 ADVANCED AIRWAY MANAGEMENT

I.   PURPOSE

To set guidelines for advanced airway management.

II.   SCOPE

This policy will apply to all sworn paramedic personnel and their direct supervisors of San Diego Fire-Rescue Department (SDFD) and Emergency Ambulance Provider.

III.   AUTHORITY

The fire chief authorizes the information within this policy.

IV.   DEFINITIONS

A.   <u>Airway paramedic</u>: The paramedic who places an advanced airway.

B.   <u>Capnography</u>: The monitoring of the concentration of carbon dioxide in respiratory gases. A capnograph produces a wave form as well as a numeric value (capnometry).

V.   POLICY

A.   Refer to <u>San Diego County EMS Policy #S-104 Skills List</u>

B.   <u>Establishment and Maintenance of End Tidal Carbon Dioxide (EtCO2)</u>

1.   Personnel will apply the capnography adapter when the patient is being ventilated.

2.   An EtCO2 reading greater than zero and waveform must be present immediately prior to placing an advanced airway.

3.   An EtCO2 reading greater than zero must be maintained while an advanced airway is in place.

4.   If EtCO2 drops to zero in a patient with an advanced airway, the airway paramedic will immediately follow troubleshooting procedures.

5.   Troubleshooting will not last more than 60 seconds.

6.   Failure to return an EtCO2 value after troubleshooting will result in removal of the advanced airway and BLS airway procedures will be followed.

C.   <u>EtCO2 Troubleshooting</u>

1.   The following procedures will be followed:

a.   Ensure hoses and/or wires for the detection device are attached and not occluded

b.   Ensure airway patency and ventilation

c.   Ensure adequate chest compressions are being performed

d.   If no EtCO2 value is achieved, replace the EtCO2 adapter

e.   Change the ECG monitor if a second one is available

      f.   If troubleshooting is unsuccessful, an advanced airway will not be placed or will be removed by the airway paramedic and BLS airway procedures will be followed

      g.   If during the offload process no $EtCO_2$ is registered, an advanced airway will be removed and replaced with a BLS airway

D.   Advanced Airway Placement Verification

      1.   Advanced airway placement verification by the airway paramedic will occur each time the patient is moved, transferred, turned over to another agency, or when received from another agency.

      2.   The airway paramedic will be in physical contact with the advanced airway during all movement of the patient, when possible.

      3.   The airway paramedic will accompany the patient to the hospital and continually monitor the $EtCO_2$.

      4.   It is the responsibility of all scene personnel to ensure continuous $EtCO_2$ is present.

      5.   At transfer of care, the airway paramedic will voice into the monitor the $EtCO_2$ numerical value and the presence of waveform.

E.   Electronic Patient Care Report (ePCR) Documentation

      1.   Use LEADSD format

      2.   Document initial and final $EtCO_2$ numerical value and presence of a waveform, regardless of the patient outcome

      3.   Record the name of the person who verified placement of the advanced airway

      4.   Variations will be explained in the narrative section

F.   Monitor data

      1.   Initial monitor placed on the patient should be utilized throughout the entire call unless there is a monitor failure

      2.   Monitor data will be transmitted upon call completion

G.   Unrecognized or Questionable Advanced Airway Placement

      1.   Once patient care is complete, immediately contact Emergency Command and Data Center (ECDC) to notify duty medical support (DMS) for an airway debrief.

2.   Units involved in the call will be placed out of service and their supervisor(s) notified. Crews will remain out of service at the hospital until contacted by DMS.

3.   Units will remain out of service until an airway quality assurance debrief has been completed.