

Supraglottic Airway Adult & Pediatric

This protocol applies to commercially available supraglottic airway devices. It replaces other protocols which were written for specific devices. These airways must be used as directed by the manufacturer's guidelines. They may be used in all age groups for which the devices are designed. Providers must be trained on and competent with the airway device they will be using.

The airway devices approved by the NH Bureau of EMS and Medical Control Board are:

- Single Lumen Device (e.g., King, iGel, LMA Supreme).
- Double Lumen Device (e.g., Combitube, to be removed in 2017 protocols).

EMT/ADVANCED EMT STANDING ORDERS

INDICATIONS:

- Cardiac Arrest.

RELATIVE CONTRAINDICATIONS:

- Intact gag reflex.
- Active vomiting.
- Severe maxillofacial or oral trauma.
- Latex allergy (Combitube).
- For devices inserted into the esophagus:
 - The patient has known esophageal disease.
 - The patient has ingested a caustic substance.
 - The patient has burns involving the airway.

PROCEDURE:

- Insertion procedure should follow manufacturer guidelines as each device is unique.
- Confirm appropriate placement by symmetrical chest-wall rise, auscultation of equal breath sounds over the chest and a lack of epigastric sounds with bag valve mask ventilation, and quantitative waveform capnography, if available.
- Secure the device.
- Document the time, provider, provider level and success for the procedure. Complete all applicable airway confirmation fields including chest rise, bilateral, equal breath sounds, absence of epigastric sounds and end-tidal CO₂ readings.
- Reassess placement frequently, especially after patient movement.

INDICATIONS:

- Inability to adequately ventilate a patient with a bag-valve-mask or longer EMS transports requiring a more definitive airway.
- Back up device for failed endotracheal intubation attempt.

POST TUBE PLACEMENT CARE – ADULT

- If a supraglottic airway device has an orogastric tube port, consider placement of an orogastric tube to decompress the stomach after the airway is secured.

Sedation may be used if required once a supraglottic airway is in place:

- Midazolam 2 – 5 mg IV, every 5 – 10 minutes, as needed, **OR**
- Lorazepam 1- 2 mg IV, may every 15 minutes as needed (maximum: 10mg) **AND**
- Fentanyl 50 – 100 mcg, slow IV push.

POST TUBE PLACEMENT CARE – PEDIATRIC

Sedation:

- Fentanyl 2-3 micrograms/kg IV.

E/A

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