

# Supraglottic Airway Adult & Pediatric

5.9

This protocol applies to commercially available supraglottic airway 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.

Note: Double Lumen Device (e.g., Combitube) are not longer approved.

## EMT/ADVANCED EMT STANDING ORDERS

### INDICATIONS:

- Cardiac Arrest.

### RELATIVE CONTRAINDICATIONS:

- Severe maxillofacial or oral trauma.
- 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.

**E/A**

### 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 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 CO<sub>2</sub> readings.
- Reassess placement frequently, especially after patient movement.

## PARAMEDIC STANDING ORDERS

### 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

#### Option 1:

Ketamine 1 mg/kg ideal body weight (IBW) IV every 5 – 15 minutes, as needed.

#### Option 2:

Fentanyl 50 - 100 mcg IV every 5-10 minutes, as needed.

#### AND

Midazolam 2 - 5 mg IV every 5 – 10 minutes as needed **OR**

Lorazepam 1 - 2 mg every 15 minutes as needed (maximum total 10 mg)

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### POST TUBE PLACEMENT CARE – PEDIATRIC

#### Option 1:

Ketamine 1 mg/kg IV every 5 - 15 minutes, as needed.

#### Option 2:

Fentanyl 2 - 3 mcg/kg IV every 5 - 10 minutes as needed.

#### AND

Midazolam 0.1 mg/kg IV (maximum single dose 2.5 mg) every 5 - 10 minutes as needed **OR**

Lorazepam 0.1 mg/kg IV (maximum single dose 2 mg) every 15 minutes as needed (maximum total 10 mg)