



Montgomery County Fire and Rescue Service Division of Operations

Emergency Medical and Integrated Healthcare Services

Office of Medical Oversight Clinical Practice Guideline

Title:	Advanced Airway Management	Number:	2022 – 01
Date:	April 11, 2022		
Issued by:	Roger M. Stone MD, MS – MCFRS Medical Director		
Purpose:	To establish advanced airway management procedures		
Target Patient Population:	All patients in cardiac arrest and patients requiring advanced airway management		
Guideline:	<p><u>Background</u></p> <ul style="list-style-type: none"> • Airway management is an essential component of out of hospital cardiac arrest (OHCA) resuscitation. • Increased number of intubation attempts during OHCA resuscitation is associated with lower likelihood of favorable neurologic outcome. • Recent clinical trials conclude that placement of an extraglottic airway (e.g. our King laryngeal tube) during OHCA is associated with equal or better patient outcomes when compared to endotracheal intubation. • For the purposes of this CPG, an “attempt” is defined as any advanced airway maneuver. This includes insertion of a laryngoscope, endotracheal tube or laryngeal tube into the patient’s mouth or nose. <p><u>Procedure</u></p> <ul style="list-style-type: none"> • All cardiac arrest patients will receive at least one attempt at advanced airway management with either a laryngeal tube or an endotracheal tube. • No patient will undergo more than one (1) endotracheal intubation attempt. The attempt must not exceed 60 seconds. • Except in cases of foreign body airway obstruction, all intubation attempts must be made via video laryngoscopy (VL) and personnel must use the AIRTRAQ PREP CHECKLIST (see page 2; these are affixed to the packaging of each VL blade). <p><u>Timing</u></p> <ul style="list-style-type: none"> • In suspected cardiogenic/arrhythmic OHCA cases, advanced airway placement is deemphasized until after the administration of the 3rd dose of epinephrine. In the event of ROSC prior to administration of the 3rd dose of epinephrine, an advanced airway should be placed prior to patient movement if clinically indicated. • In suspected traumatic and hypoxic/asphyxial OHCA cases, advanced airway placement is emphasized earlier in the resuscitation, but it must not interfere with other treatment priorities such as the OHCA floor of care, medications, and procedures. <p>Questions may be directed to any assigned EMS Duty Officer.</p>		



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- NO DESAT**
- Suction ready**
- Blade light on**
- Channel lubricated**
- Tube in channel**
- Tip not beyond end of channel**
- Bougie in tube**
- Attach camera**
- Recording on**

SUCTION AIRWAY VIGOROUSLY

AND DEEPLY prior to attempt

Airtraq in LEFT hand

Suction wand in RIGHT

Maximum 60 second attempt